

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90160 001 ***150.00

DOCUMENT # P97000039779

1. Entity Name

THE HAWKE GROUP, INC.

Principal Place of Business

**3000 N.E. 30TH PLACE
 SUITE 410
 FT LAUDERDALE FL 33306**

Mailing Address

**3000 N.E. 30TH PLACE
 SUITE 410
 FT LAUDERDALE FL 33306**

2. Principal Place of Business

50 N. E. 26th Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Pompano Beach, FL

Zip
33062-5226

Country
USA

3. Mailing Address

50 N. E. 26th Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Pompano Beach, FL

Zip
33062-5226

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, GREGORY N
 3000 N.E. 30TH PLACE
 SUITE 410
 FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **Stewart A. Merkin, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

Rivergate Plaza, Suite 300

444 Brickell Avenue

City **Miami**

FL

Zip Code
33131-2472

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME **DTSP** ☐ Delete
 STREET ADDRESS **SAMUEL, ROY D**
 CITY-ST-ZIP **810 SE 4 AVE
 POMPAO BEACH FL 33060**

TITLE
 NAME **D** ☒ Delete
 STREET ADDRESS **EDWARDS, GREGORY N**
 CITY-ST-ZIP **2623 ALMANDA COURT
 FT LAUDERDALE FL 33301**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)