

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90183 017 ***150.00

DOCUMENT # P97000049569

1. Entity Name
HANOVER REAL ESTATE OF TAMPA, INC.

Principal Place of Business Mailing Address
4710 EISENHOWER BLVD SUITE C1 **4710 EISENHOWER BLVD SUITE C1**
TAMPA FL 33634 **TAMPA FL 33634**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3457528** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
122 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Allan Abrams**
 Street Address (P.O. Box Number is Not Acceptable) **4710 Eisenhower Blvd.**
Suite C-1
 City **Tampa** FL Zip Code **33634**

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 *Allan Abrams* (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE *1/18/01*

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	D	<input type="checkbox"/> Delete
NAME	ABRAMS, ALAN	
STREET ADDRESS	4710 EISENHOWER BLVD SUITE C1	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD SUITE C1	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHAPIRO, JAMES J	
STREET ADDRESS	4710 EISENHOWER BLVD #C-1	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

James J. Shapiro President
 SIGNATURE: *James J. Shapiro, pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/1/01** Daytime Phone # **813-889-8855**

CR2E034 (10/00)