

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056162

1. Entity Name
HAL HOLDING COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90159 028 ***150.00

Principal Place of Business

Mailing Address

5046 SUFFOLK DR.
BOCA RATON FL 33496

5046 SUFFOLK DR.
BOCA RATON FL 33484-6427

2. Principal Place of Business

5911 VINTAGE OAKS CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

5911 VINTAGE OAKS CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0778841

Applied For

Not Applicable

Zip

Country

33484

Zip

Country

33484

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASSOFF, MORTON G

~~5046 SUFFOLK DR.~~

~~BOCA RATON FL 33496~~

5911 VINTAGE OAKS CIRCLE

DELRAY BEACH, FL

33484

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ~~5046 SUFFOLK DR.~~ 5911 VINTAGE OAKS CR
CITY-ST-ZIP ~~BOCA RATON FL 33496~~ DELRAY BEACH, FL

TITLE ☐ Delete
NAME PVST
STREET ADDRESS ~~5046 SUFFOLK DR.~~ 5911 VINTAGE OAKS CR
CITY-ST-ZIP ~~BOCA RATON FL 33496~~ DELRAY BEACH, FL

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTON G. BASSOFF - PM 4/27/00 561-495-0876

Date

Daytime Phone #

CR2E034 (9/99)