

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004650

1. Entity Name

HALFOS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90046 008 ***150.00

Principal Place of Business

2601 S COURSE DRIVE
STE 305
POMPANO BEACH FL 33069

Mailing Address

2601 S COURSE DRIVE
STE 305
POMPANO BEACH FL 33069-3984

2. Principal Place of Business

4201 N. OCEAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

C-303

Suite, Apt. #, etc.

SAME

City & State

BOCA RATON, FL

City & State

SAME

Zip

33431

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

65-0805315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT H
3170 N FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT FL 33064

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSMAN, HAROLD	
STREET ADDRESS	2601 S COURSE DR, STE 305	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT H	
STREET ADDRESS	3170 N FEDERAL HWY #116	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSMAN, HAROLD	
STREET ADDRESS	4201 N. OCEAN BLVD. C303	
CITY-ST-ZIP	BOCA RATON, FL 33431	
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)(f), 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:

HAROLD FOSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00 (561) 338-0563

Daytime Phone #

CR2E034 (9/99)