

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010620

1. Entity Name

HAYES-BEIN REAL ESTATE COMPANY

Principal Place of Business

1931 BAYSHORE DRIVE  
COCONUT GROVE FL 33133

Mailing Address

1931 BAYSHORE DRIVE  
COCONUT GROVE FL 33133

2. Principal Place of Business

2210 S.W. 28<sup>TH</sup> STREET

3. Mailing Address

2210 S.W. 28<sup>TH</sup> STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FLORIDA

City & State

COCONUT GROVE, FLORIDA

Zip

33133-3123

Country

USA

Zip

33133-3123

Country

USA

4. FEI Number

65-0819565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BLVD SUITE 3400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 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	WILLIAMSON, JEFFREY BEIN	
STREET ADDRESS	1931 BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLY, WILLIAM H	
STREET ADDRESS	1931 BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2210 S.W. 28 <sup>TH</sup> STREET	
CITY-ST-ZIP	COCONUT GROVE, FL. 33133-3123	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6466 S.W. 84 <sup>TH</sup> STREET	
CITY-ST-ZIP	MIAMI, FL. 33143	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90012 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)