

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90003 041 ***150.00

DOCUMENT # P98000062105

1. Entity Name

BETTY HYMAN, P.A.

Principal Place of Business

155 SOUTH MIAMI AVE., SUITE PH-1
MIAMI FL 33130

Mailing Address

1717 N. BAYSHORE DR., APT. 2636
MIAMI FL 33132

2. Principal Place of Business

2 Alhambra Plaza

3. Mailing Address

456 NE 29 Street

Suite, Apt. #, etc.

Suite 802

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami, FL 3

Zip

33134

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-0854390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYMAN, BETTY ESQ.
155 SOUTH MIAMI AVE., PH-1
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Betty Hyman, Esq.

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

2 Alhambra Plaza

Suite 802

City

Coral Gables

FL

Zip Code

33134

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 PSTD
NAME HYMAN, BETTY
STREET ADDRESS 1717 N. BAYSHORE DR., #2636
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Betty Hyman
STREET ADDRESS 456 NE 29 Street
CITY-ST-ZIP Miami, FL 33137 ☒ Change ☐ Addition

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

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

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

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

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

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:

Betty Hyman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

(305) 461-2330

Daytime Phone #

CR2E034 (10/00)