

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104213

1. Entity Name

HALBERSTEIN ENTERPRISES, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90336 019 ***150.00

Principal Place of Business

1221 BRICKELL AVENUE
SUITE 1050
MIAMI FL 33131-9634

Mailing Address

1221 BRICKELL AVENUE
SUITE 1050
MIAMI FL 33131-3258

2. Principal Place of Business

444 BRICKELL AVE

3. Mailing Address

444 BRICKELL AVE

Suite, Apt. #, etc.

415

Suite, Apt. #, etc.

415

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0888589

Applied For

Not Applicable

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

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

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	D	<input type="checkbox"/> Delete
NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	1221 BRICKELL AVE, STE 1050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	1221 BRICKELL AVE, STE 1050	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	444 BRICKELL AVE STE 415	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	444 BRICKELL AVE STE 415	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of the corporation; that I am authorized 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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)