

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104573

1. Entity Name

Hy-Pat, Corp.

Principal Place of Business

Mailing Address

570 Arvida Parkway  
Coral Gables, FL 33156

2. Principal Place of Business

8210 NW 27th Street  
Suite, Apt. #, etc.

3. Mailing Address

8210 NW 27th Street  
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

City & State

Miami, FL

Zip

33122

Country

4. FEI Number

65-0883448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

652146

6. Name and Address of Current Registered Agent

White, Daniel T., Esquire  
1304 NW 98th Terrace  
Gainesville, FL 32606

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, 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	President, Director	<input type="checkbox"/> Delete
NAME	Kevin Smith	
STREET ADDRESS	570 Arvida Parkway	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	Secretary & Treasurer	<input type="checkbox"/> Delete
NAME	Thomas O. Bales, Jr.	
STREET ADDRESS	9151 Arvida Lane	
CITY-ST-ZIP	Coral Gables, FL 33156	
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"/> 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		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas O. Bales, Jr. 4-28-00

Date

305-716-7200

Daytime Phone #

CR2E034 (9/99)