

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107826

1. Entity Name

HOY PRODUCTS, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90075 001 \*\*\*150.00

Principal Place of Business

Mailing Address

109 PALOMA DRIVE  
CORAL GABLES FL 33143-6546

109 PALOMA DRIVE  
CORAL GABLES FL 33143-6546

2. Principal Place of Business

3. Mailing Address

2745 N.W. 82nd Ave

2745 N.W. 82nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33122

Dade

33122

Dade



DO NOT WRITE IN THIS SPACE

65-0918770

4. FEI Number

APPLIED FOR

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

SILVER & WALDMAN, P.A.  
800 BRICKELL AVENUE, SUITE 902  
MIAMI FL 33131

Name

Patricia H. Silver, Esq.

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

2745 N.W. 82nd Ave.

City

Miami, FL

FL

Zip Code

33122

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	RUBIN, MICHAEL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	420 S. DIXIE HIGHWAY SUITE 4B	
CITY-ST-ZIP	CORAL GABLES FL 33146	
NAME	GONZALEZ, JORGE E	<input type="checkbox"/> Delete
STREET ADDRESS	109 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143-6546	
NAME	GONZALEZ, MARIANNA A	<input type="checkbox"/> Delete
STREET ADDRESS	109 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143-6546	
NAME	President Patricia H. Silver	<input type="checkbox"/> Delete
STREET ADDRESS	Patricia H. Silver	<input type="checkbox"/> Delete
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
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	Patricia H. Silver, Pr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2745 N.W. 82nd Ave.	
STREET ADDRESS	Miami, FL 33122	
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		

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 indicated, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia H. Silver

3/24/00

Date

305-468-9800

Daytime Phone #

CP2000 10/00