

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018001

1. Entity Name
HDB, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90234 038 ***150.00

914363



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6003 NW 31 AVE FT LAUDERDALE FL 33309	Mailing Address 6003 NW 31 AVE FT LAUDERDALE FL 33309
2. Principal Place of Business 635 E. ATLANTIC BLVD Suite, Apt. #, etc.	3. Mailing Address 635 E. ATLANTIC BLVD Suite, Apt. #, etc.

City & State POMPANO BEACH - FLA	City & State POMPANO BCH - FLORIDA
Zip 33060	Country USA

4. FEI Number 65-0897766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURSSTEIN, HUGO
6003 NW 31 AVE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
BURSZTEIN, HUGO

Street Address (P.O. Box Number is Not Acceptable)
~~6003 NW 31 AVE~~ 635 E. ATLANTIC BLVD

City
POMPANO BCH FL Zip Code
33060

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 HUGO BURSSTEIN DATE 1-31-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSZTEIN, HUGO 6003 NW 31 AVE FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSZTEIN, HUGO 635 E. ATLANTIC BLVD POMPANO BCH - FLA. 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSZTEIN, DIANA 3080 NE 47 COURT #404 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSZTEIN, DIANA 635 E. ATLANTIC BLVD POMPANO BCH - FLA. 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DIANA BURSSTEIN DATE 1-31-01 DAYTIME PHONE # 954-942-6164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)