

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026602

1. Entity Name

HIALEAH GREAT NECK PROPERTIES, INC.

Principal Place of Business

240 W. 24TH STREET
HIALEAH FL 33010

Mailing Address

240 W. 24TH STREET
HIALEAH FL 33010-1526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916532

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

FRIEDMAN, ROBERT S
240 W. 24TH STREET
HIALEAH FL 33010

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 PD
NAME FRIEDMAN, ROBERT S
STREET ADDRESS 3936 ESTEPONA AVENUE
CITY-ST-ZIP MIAMI FL 33178

☐ Delete

TITLE VPD
NAME PRETE, RICHARD
STREET ADDRESS 3 UNIVERSITY PLACE
CITY-ST-ZIP LAKE SUCCESS NY 11020

☐ Delete

TITLE STD
NAME ROSEMAN, MELVYN
STREET ADDRESS 9101 SW 69TH TERRACE
CITY-ST-ZIP MIAMI FL 33173

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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: *Robert S. Friedman* ROBERT S. FRIEDMAN PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

305 884 3653

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE