

2000 UNIFORM BUSINESS REPORT (UBR)

2/15/00-90056-049-\$150.00-\$150.00

DOCUMENT # P99000035673

1. Entity Name

HUNNY DAYS HOLDINGS, INC.

FILED

00 MAR 17 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4548 NO. FEDERAL HWY
FORT LAUDERDALE FL 33308

Mailing Address

4548 NO. FEDERAL HWY
FORT LAUDERDALE FL 33308-5204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHINS, LARRY V
4548 NO. FEDERAL HWY
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Thomas R. Spencer, Jr.

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

801 Brickell Ave., Suite 1901

City Miami

FL

Zip Code 33131

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 elect 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

TITLE BD
NAME SIROTA, CRAIG
STREET ADDRESS 4548 NO. FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2000

Date

5613613082

Daytime Phone #

CR2E034 (9/99)