FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or to changed, or on an attachment with an

SIGNATURE:

## Mar 26, 2001 8:00 am DOCUMENT # P99000057916 Secretary of State 1. Entity Name HRS REALTY, INC. 03-26-2001 90133 032 \*\*\*150.00 Principal Place of Business Mailing Address 7001 LIONS HEAD LANE 7001 LIONS HEAD LANE BOCA RATON FL 33496 **BOCA RATON FL 33496** 701007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0937198 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVENUE, 28TH FLOOR MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHWEDELSON, ROY NAME NAME STREET ADDRESS 7001 RATON HEAD LA STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete SCHWEDELSON, HELENE NAME NAME 7001 LION S HEAD LA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the rilks employered. I hereby certify that the information supplied w indicated on this report or supplemental report

INTED NAME OF SIGNING OFFICER OR DIRECTOR