

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084629

1. Entity Name

HSI SYMBIOTIC ACQUISITION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 005 ***150.00

Principal Place of Business

6401 CONGRESS AVENUE
SUITE 120
BOCA RATON FL 33487

Mailing Address

6401 CONGRESS AVENUE
SUITE 120
BOCA RATON FL 33487-2841

2. Principal Place of Business

3701 FAU BLVD
Suite, Apt. #, etc.
200

3. Mailing Address

Suite, Apt. #, etc.
SAME

City & State

Boca Raton

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HRAWG CORP.
200 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

Name

Brian Holland

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

3701 FAU BLVD

Suite 200

City

Boca Raton

FL

Zip Code

33431

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	Director	<input type="checkbox"/> Delete
NAME	George Zugmire	
STREET ADDRESS	3701 FAU BLVD Suite 200	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Brian Holland	
STREET ADDRESS	3701 FAU BLVD Suite 200	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Director	<input type="checkbox"/> Delete
NAME	James Carlson	
STREET ADDRESS	3701 FAU BLVD Suite 200	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

561-241-5554

CR2E034 (9/99)