

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90019 021 ***150.00

DOCUMENT # P99000099978

1. Entity Name

H.D.A. INVESTMENTS, INC.

Principal Place of Business

12612 NW 18TH CT
 PEMBROKE PINES FL 33028

Mailing Address

12612 NW 18TH CT
 PEMBROKE PINES FL 33028-2504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0962124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZAMBRANO, HERNANDO
 12612 NW 18TH CT
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ZAMBRANO, HERNANDO	
STREET ADDRESS	12612 NW 18TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BUENO, LUZ E	
STREET ADDRESS	12612 NW 18TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAMBRANO, HERNANDO A	
STREET ADDRESS	12612 NW 18TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAMBRANO, DANIELLA A	
STREET ADDRESS	12612 NW 18TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAMBRANO, MARIA A	
STREET ADDRESS	12612 NW 18TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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)(l), 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

HERNANDO ZAMBRANO

Date

Daytime Phone #

04-13-00

CR2E034 (9/99)