

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49643

1. Entity Name

HASNER REALTY CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90029 013 ***158.75

Principal Place of Business

Mailing Address

~~11 SE 6TH AVENUE~~
~~DELRAY BEACH FL 33483~~

~~11 SE 6TH AVENUE~~
~~DELRAY BEACH FL 33444-2634~~

2. Principal Place of Business

150 N. SWINTON AV

3. Mailing Address

150 N. SWINTON AV

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

City & State

4. FEI Number

65-0356457

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

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

HASNER, LLOYD

~~11 SE 6TH AVENUE~~
~~DELRAY BEACH FL 33483~~

Name

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

150 N. SWINTON AV

#100

City

FL

Zip Code

33444

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 \$150.00/158.75
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 HASNER, LLOYD
STREET ADDRESS ~~11 SE 6TH AVENUE~~
CITY-ST-ZIP ~~DELRAY BEACH FL 33483~~

☐ Delete

TITLE
NAME
STREET ADDRESS 150 N. SWINTON AV #100
CITY-ST-ZIP DELRAY BEACH, FL 33444

☒ Change ☐ Addition

TITLE STV
NAME HASNER, LLOYD
STREET ADDRESS ~~11 SE 6TH AVENUE~~
CITY-ST-ZIP ~~DELRAY BEACH FL 33483~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP (same)

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD HASNER

Date

Daytime Phone #

3/24/00 (Sd) 272-1207

CR2E034 (9/99)