

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59594

1. Entity Name

H.A. OF SOUTH FLORIDA, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90020 039 \*\*\*150.00

Principal Place of Business

105 LAKE EMERALD DR.  
S-611  
FT. LAUDERDALE FL 33309

Mailing Address

105 LAKE EMERALD DR.  
S-611  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3145 NW 122<sup>ND</sup> AVENUE

3. Mailing Address

3145 NW 122<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33323

Country

Zip

33323

Country

4. FEI Number

65-0357062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, HUGH  
105 LAKE EMERALD DR.  
#611  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name ABBOTT, HUGH

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

3145 NW 122<sup>ND</sup> AVENUE

City

SUNRISE

FL

Zip Code

33323

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 HUGH ABBOTT

Signature, typed or printed name of registered agent and title if applicable.

Hugh Abbott

(NOTE: Registered Agent signature required when reinstating)

4-6-01

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, 2001 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 PD  
NAME ABBOTT, HUGH A  
STREET ADDRESS 105 LAKE EMERALD DR.#611  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: HUGH ABBOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

Daytime Phone #

CR2E034 (10/00)