

2000 UNIFORM BUSINESS REPORT (UBR)

0007213 AF

DOCUMENT # **L99000003775**

1. Entity Name
HDA INTERNATIONAL MANAGEMENT, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR - 1 AM 10:57



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487
 Mailing Address: 5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487-4910

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **1545 Sykes Creek Dr**
 Suite, Apt. #, etc.

City & State: **Memitt Island FL**

4. FEI Number: **65-0933915**
 Applied For: Not Applicable

Zip: **32953** Country: **USA**

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRONAWITTER, CECILIA
5301 N. FEDERAL HWY, STE 210
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name: **Nancy Payne**
 Street Address (P.O. Box Number is Not Acceptable): **1545 Sykes Creek Dr.**
 City: **Memitt Island FL** Zip Code: **32953**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	PAYNE, NANCY	
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	MGRM	<input type="checkbox"/>
NAME	KRONAWITTER, JOHN	
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	MGRM	<input type="checkbox"/>
NAME	KRONAWITTER, CECILIA	
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nancy Payne* **SIGNATURE PROHIBITED** 2/17/00 407 454 09 00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)