

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-31-2000 90001 005 ***150.00

DOCUMENT # P99000104290

1. Entity Name

HRE INVESTMENTS OF FLORIDA, INC.

Principal Place of Business

~~801 BRICKELL KEY DR., SUITE 802
 MIAMI FL 33131~~

Mailing Address

~~801 BRICKELL KEY DR., SUITE 802
 MIAMI FL 33131~~

2. Principal Place of Business

720 NE 69th ST

Suite, Apt. #, etc.

SUITE 19N

City & State

MIAMI FL

Zip

33138

Country

USA

3. Mailing Address

720 NE 69th ST

Suite, Apt. #, etc.

SUITE 19N

City & State

MIAMI FL

Zip

33138

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1019847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

~~VAZQUEZ, GERARDO A
 801 BRICKELL KEY DR., SUITE 802
 MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

TIMOTHY HOGLE

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

720 NE 69th ST

19N

SUITE 19N

City

MIAMI

FL

Zip Code

33138

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]

TIMOTHY HOGLE

PRESIDENT

4/15/2000

(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. ☐

**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 **PRES** ☐ Delete
 NAME **TIMOTHY HOGLE**
 STREET ADDRESS **720 NE 69th ST**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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] **TIMOTHY HOGLE**

4/15/2000

**805757
 8252**

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

CR2E034 (9/99)