2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 397437

1. Entity Name

WALTER HAAS & SONS, INC.

FILED

Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90083 016 ***150.00

							INST							
Principal Plac 123 WEST 23R HIALEAH FL 33			Mailing Address 123 WEST 23RD STREET HIALEAH FL 33010											
2. Principal P	Place of Business	3. Mailing Address												
Suite, Apt#, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 59-1420342					applied For lot Applicable	
Zip Country		ntry	Zip			try		I & Certificate of Status Desired I I I				\$8.75 Ad	\$8.75 Additional Fee Required	
	6. Name and A	ddress of Current Re	eaistered	Agent				7. Name a	nd Addre	ss of Nev	Registered	•		
	0. 110					Name					.,			
HAAS,WAL	TER													
123 W 23F				Street Address (P.O. Box Number is Not Acceptable)										
HIALEAH F														
HIALEAH	- 2 33010					City					Fl	Zip Cod	de	
	named entity submitions of registered ac	its this statement for t	he purpo:	se of changing its	registere	ed office or	registered	d agent, or	both, in th	e State of	Florida. I am	familiar with	, and accept	
SIGNATÜRĘ .	Signature, typed or printed	name of registered agent and	title if applic	able. (NOTE	: Registered	d Agent signatu	ure required w	hen reinstating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						kor 6-5 5	7. 1 (1811 1)	9.		Campaign d Contribu	Financing Ition.		00 May Be ed to Fees	
10.		OFFICERS AND D	<u>. </u>	e	11.			ADDITION	IS/CHAN	GES TO C	FFICERS AN	ID DIRECTOR	RS IN 11	
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TITLE NAME	HAAS,WALTER			Delete	NAME							onango		
STREET ADDRESS	10803 LISBON-S	ा				- et address	1123	WES	t 23	ina st	reet			
CITY-ST-ZIP	COOPER CITY F	•			CITY-	-ST-ZIP	Hia	leah	Fl.	330	reet 10			
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NAME	HAAS, GARY				NAM		100	. N.PC	402	va ct	reet 10	/-		
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	HAAS, PATRICK				NAM		102	WAR.	122	ia ctu	104	,		
	10803 LISBON S					ET ADDRESS	100	wes- <u>(leah</u>		20n	in			
CITY-ST-ZIP	COPPER CITY FI				-	-ST-ZIP	LITE	<u>(teant</u>	<u>,10</u>	טער_	(0	N		
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NAME STREET ADDRESS I	LOHMEYER, CHE					ET ADDRESS	192	West	- 23	ic sti	let			
STREET ADDRESS City-St-Zip	1 170 WILSHIRE T PEMBROKE PINE					-ST-ZIP	l High	ean	Ä.	330	(0			
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	1170-WILSHINEE					ET ADDRESS	1175	Mes.	LIC	y'a 51	ret 10			
	PEMBROKE PINE				CITY	-ST-ZIP	1 Hia	lean	17	- 33(7(0			

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an endress, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

R2E034 (10/02)