FILED Aug 25, 2002 8:00 am Secretary of State

Service of the servic

DOCUMENT # P9300002712 1. Entity Name H.A.S. INDUSTRIES, INC.				e V	Secretary of State 08-25-2002 90218 038 ***550.00		
Principal Place of Business 3137 NW 25TH AVE POMPANO BEACH FL 33069 US		Mailing Address 3137 NW 25TH AVE POMPANO BEACH FL 33069 US			BU133494		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0378005	Applied I	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registered		
			Nam	e			
STEINER, 2201 NW SUITE A	, JEFF / 30TH PL		Street Address (F		Box Number is Not Acceptable)		
	O BEACH FL 33069		City		FL	Zip Code	
9. This corporate filing	signature, typed or printed name of registered ager oration is eligible to satisfy its Intangib requirement and elects to do so, ria on back)	e FILE NOW After September 13		50.00 Il be \$750.00	reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May	- Be
11. OFFICERS AND DIRE			Make Check Payable to Department of State ECTORS 12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMALL LAWRENCE 2950 NW 27TH ST FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		DEPTIONS/CHANGES TO OFFICERS AND		noitipp CR2E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	is i		☐ Change ☐ Ad	dition 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CHY-ST-ZIP	s		☐ Change ☐ Ac	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(g) Nga	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change ☐ Ac	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS	-	☐ Delete	TITLE NAME STREET ADDRES	s		Change Ad	dition

13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)