

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000026530

1. Entity Name

HAKUNA MATATA, INC.

Principal Place of Business

Mailing Address

13750 S.W. 36 STREET
MIAMI, FL 33175

FILED

00 MAY -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

5/9/00 901421013 \$150.00

4. FEI Number

65-0652605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARUNCHO, MUR P.A.

2600 DOUGLAS ROAD
SUITE 501

CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

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 (Type or Printed Name of Registered Agent and Title)

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE PSD
NAME ANGEL VELOSO MD
STREET ADDRESS 13750 SW 36 STREET
CITY-STATE-ZIP MIAMI, FL 33175

☐ Delete

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TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL VELOSO

4-28-00 (305) 559-0530

DATE

Daytime Phone

5/22