FILED

01 DEC 11 PM 2: 24

## SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 21 205 Worth Avenue, Suite 201 205 Worth Avenue, Suite 201 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Worth Avenue Building Worth Avenue Building City & State City & State 4. FEI Numbe Applied For 23 Palm Beach FL 65-0888146 Palm Beach FL Not Applicable Zip County Zip County 28 \$8.75 Additional 5. Certificate of Status Desired 24 33480 33480 25 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 81 Corporate Creations Network Inc. J. Paul Hines Street Address (P.O. Box Number is Not Acceptable) 205 Worth Avenue, Suite 201 941 Fourth Street #200 Worth Avenue Building Palm Beach, FL 33480 84 Miami Beach 8. The above named entity sub this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered a title of applicable. (NOTE: Registe ed Agent signature required when reinstating) This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) FILE NOW!!! FEE IS \$250.00 10. Election Campaign Financing Trust \$5.00 May be After MAY 1, 2000 Fee will be \$550.00 Fund Contribution Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DELETE TITLE Change Addition 1.1 TITLE J. Paul Hines NAME 1.2 NAME STREET ADDRESS Palm Beach, FL 33480 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition 2.1 TITLE NAME 2.2 NAME **700004742737--**-12/28/01--01054--004

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.2 NAME

3.2 NAME

DELETE

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006262

Fairhaven Technologies, Inc.

1. Entity Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRES

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

13. I do 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 annual report or supplemental annual 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 of 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 ment with an address.

SIGNATURE.

e c d. Paul Hines, President by R.A. Fernandez 12/10/2001 OF SIGNING OFFICER OR DIRECTOR

416-322-3129

\*\*\*\*300.80 \*\*\*\*\*300.00

Change

☐ Change ☐ Addition

Change Addition

Addition

2000

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

## Re: Fairhaven Technologies, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 300 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being adminstratively dissolved. Thank you.

Sincerely,

J. Paul Hines

President

Date: 12/10/2001