

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90173 042 ***150.00

DOCUMENT # 635117

1. Entity Name

HAGEN & HAGEN, P.A.

Principal Place of Business

Mailing Address

% 3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021% 3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021

710859

2. Principal Place of Business

3. Mailing Address

3531 Griffin Road

3531 Griffin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale, FL

City & State

Ft. Lauderdale FL

4. FEI Number

59-1929702

Applied

Not

Zip

33312

Country

USA

Zip

33312

Country

USA

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

HAGEN, MAX M

3990 SHERIDAN STREET, SUITE 104
HOLLYWOOD FL 33021

Name

Kevin L Hagen

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

3531 Griffin Road

City

Ft Lauderdale

FL

Zip Code

3331

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PSD HAGEN, MAX M 3990 SHERIDAN ST., SUITE 104 HOLLYWOOD FL 33021	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HAGEN, KEVIN L 3990 SHERIDAN ST., SUITE 104 HOLLYWOOD FL 33021	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00

954-987-0000