

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636413

1. Entity Name
HAPAN DELGADO CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90165 010 ***150.00

Principal Place of Business ONE S.E. THIRD AVE 10TH FLOOR MIAMI FL 33131 US	Mailing Address ONE S.E. THIRD AVE. 10TH FLOOR MIAMI FL 33131-1710 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O Mitchell Margolies Suite, Apt. #, etc. 700 S.E. THIRD Avenue 3rd Fl.	3. Mailing Address C/O Mitchell Margolies Suite, Apt. #, etc. 700 S.E. THIRD Avenue 3rd Fl.
City & State FT. Lauderdale, Florida	City & State FT. Lauderdale, Florida
Zip 33316	Country USA

4. FEI Number 59-2098988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARGOLIES, MITCHELL-J ONE S.E. THIRD AVE 10TH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name C/O Kathleen Coker-Holtz Street Address (P.O. Box Number is Not Acceptable) 700 S.E. THIRD City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAN, K C ONE S.E. THIRD AVE, 10TH FLOOR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAN, KATHLEEN ONE S.E. THIRD AVE, 10TH FLOOR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAN, LESLIE ONE S.E. THIRD AVE, 10TH FLOOR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Mrs. K.C. Tan MRS. K.C. TAN BMARCOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)