FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90153 034 ***150.00

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636413

1. Entity Name

HAPAN DELGADO CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Mitchell Margolies	c/o Mitchell Margolies
Suite, Apt. #, etc. 450 E. Las Olas Blvd. #950	Suite, Apt. #, etc. 450 E. Las Olas Blvd. #950
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301 / Country	Zip 33301 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2098988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mitchell J. Margolies

Street Address (P.O. Box Number is Not Acceptable):
c/o Rachlin Cohen & Holtz
450 E. Las Olas Blvd. #950

City: Ft. Lauderdale **FL** Zip Code: 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1, May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Tan, KC
STREET ADDRESS	450 E. Las Olas Blvd, #950
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	SD
NAME	Tan, Kathleen
STREET ADDRESS	450 E. Las Olas Blvd. #950
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	TD
NAME	Tan, Leslie
STREET ADDRESS	450 E. Las Olas Blvd. #950
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	**DO NOT WRITE IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS KC. TAN 4/24/03 954-585-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #