## 2003 FOR PROFIT CORPORATION

## Apr 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 641173 04-30-2003 90013 002 \*\*\*150.00 1. Entity Name HAPAN 56 CORP. Principal Place of Business Mailing Address 11029447 C/O MITCHELL MARGOLIES C/O MITCHELL MARGOLIES 450 E.LAS OLAS BLVD.#950 450 E.LAS QLAS BLVD.#950 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2098927 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARGOLIES, MITCHELL J Street Address (P.O. Box Number is Not Acceptable) C/O RACHLIN COHEN & HOLTZ 700 SE THIRD AVENUE, THIRD FLOOR FT. LAUDERDALE FL 33316 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will,be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition TAN, K.C. NAME NAME 700 SE THIRD AVENUE, THIRD FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-7IP CITY-ST-7IP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME TAN, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 700 SE THIRD AVENUE, THIRD FLOOR CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete TITLE TD TITLE Change ☐ Addition TAN. LESLIE NAME NAME STREET ADDRESS 700 SE THIRD AVENUE, THIRD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 Block 11 if chapted or one natterfament with an address, with all the like proporated. changed, or on an attachment with an address, with

CITY-ST-ZIP

CITY-ST-ZIP

**FILED**