

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2000 90168 029 ***150.00

DOCUMENT # 663036

1. Entity Name

HAPAN ORCHARD, INC.

Principal Place of Business

Mailing Address

C/O MITCHELL MANGOLEY
 700 SE THIRD AVENUE, THIRD FLOOR
 FT. LAUDERDALE FL 33316
 US

C/O MITCHELL MANGOLEY
 700 SE THIRD AVENUE, THIRD FLOOR
 FT. LAUDERDALE FL 33316-1154
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Mitchell Margolis
 Suite, Apt. #, etc.
700 SE. THIRD Avenue, THIRD Fl.

C/O Mitchell Margolis
 Suite, Apt. #, etc.
700 SE. THIRD Avenue, THIRD Fl.

City & State

City & State

FT. LAUDERDALE Florida

FT. LAUDERDALE Florida

Zip
33316

Country
USA

Zip
33316

Country
USA

4. FEI Number

59-2082596

Applied For

Not Applicable

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

~~MANGOLEY, MITCHELL J~~
~~C/O RACHLIN, GLEN S HOLTZ~~
 700 SE THIRD AVENUE, THIRD FLOOR
 FT. LAUDERDALE FL 33316

Mitchell J. Margolis
RACHLIN Cohen & Holtz

Name

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

City

FL

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.

SIGNATURE

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

(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.

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAN, K.C.	
STREET ADDRESS	700 SE THIRD AVENUE, THIRD FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAN, KATHLEEN	
STREET ADDRESS	700 SE THIRD AVENUE, THIRD FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAN, LESLIE	
STREET ADDRESS	700 SE THIRD AVENUE, THIRD FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K.C. Jan*

MRS. K.C. TAN

18 Mar 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)