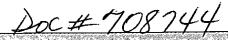
UNIFORM BUSIN	ESS REP	ORT (I
DOCUMENT # ETS - 30		

1. Entity Name HAVEN HOUSÉ NO. 2





FILED

03 AUG 18 AM 8:33

2. Principal Place of Business 1150 N.E. 36th Street Suite, Apt. #, etc.

Pompano Beach, FL 33064

3. Mailing Address

DO NOT WRITE IN THIS SPACE

36th Street 1150 N.E.

Suite, Apt. #, etc.

#112

City & State

Pompano Beach, FL 33064

Country

4. FEI Number

7. Name and Address of Current Registered Agent

Applied For Not Applicable

\$8.75 Additional

DO NOT-WRITE IN THIS SPACE

Name <u>Charles</u> <u>Israel</u>

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

1150 N.E. 36th Street #112

City Pompano Beach

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

#112

City & State

FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		
TITLE NAM STRET ADDRESS CIT-ST-ZIP	PD,SD,TD Charles Israel 1150 N.E. 36th Street #112 Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022485552 08/21/0301059022 **787.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRVING MENUCCI 1150 N.E. 36th Street #303 Pompano Beach, FL 33064	HITLE NAME STREET ADDRESS CITY ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	Paul Suhy 1150 N.E. 36th Street #111 Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Fejes 1150 N.E. 36th Street #307 Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alex Paes 1150 N.E. 36th Street #207 Pompano Beach, Fl. 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS OTY-ST-219	

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 617, Florida Statutes; and that my name appears in Block 10 or on an

attachment with an address, w

× Tr.42508-943479-2

CR2E037B (12/02)