

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90102 024 ****61.25

DOCUMENT # 737449

1. Entity Name

THE HAVEN, INC.

Principal Place of Business

21441 BOCA RIO ROAD
 BOCA RATON FL 33433

Mailing Address

21441 BOCA RIO ROAD
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1708452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAMBINO, LAURA
21441 BOCA RIO ROAD
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MAUCK, JEANNIE	
STREET ADDRESS	601 FAIRWAY DR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROGER, KALINA	
STREET ADDRESS	1239 HILLSBORO MILE, APT. 207	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	NOBLES, MARY JO	
STREET ADDRESS	1514 SE 11TH ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	JO NOBLES, MARY	
STREET ADDRESS	1514 SE 11 ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, NORMAN	
STREET ADDRESS	7132 QUENFONY CIR.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GAMBINO, LAURA	
STREET ADDRESS	21441 BOCA RIO RD.	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACZKO, PATRICIA	
STREET ADDRESS	7804 NW 63 RD TERRACE	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, ADRIA	
STREET ADDRESS	17617 CHARNWOOD DR	
CITY-ST-ZIP	BOCA RATON, FL. 33498	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, BARBARA	
STREET ADDRESS	4500 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON, FL. 33434	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 561-483-0962

CR2E037 (9/01)