

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006037 AF

DOCUMENT # A98000001132

1. Entity Name

HAWN ACQUISITION, LTD.

Principal Place of Business

C/O ABC DISTRIBUTING, INC.  
14445 N.E. 20TH LANE  
NORTH MIAMI FL 33181

Mailing Address

C/O ABC DISTRIBUTING, INC.  
14445 N.E. 20TH LANE  
NORTH MIAMI FL 33181

FILED

01 APR 12 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1408 WEST LAKE DR

3. Mailing Address

1408 West Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0833531

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, MIKE P

1408 WEST LAKE DRIVE

FORT LAUDERDALE FL 33316

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

9. Capital Contributions as Shown on record.

\$995.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 995.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000041426  
NAME HAWN ACQUISITION, INC.  
STREET ADDRESS 14445 N.E. 20TH LANE  
CITY-ST-ZIP NORTH MIAMI FL 33181

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (1/1/00)