

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90153 043 \*\*\*150.00

DOCUMENT # 562212  
 1. Entity Name HALEAH VENTURES INC.

Principal Place of Business Mailing Address  
7101 SW 99 AVE 7101 SW 99 AVE  
D108 D108  
MIAMI, FL 33173 MIAMI, FL 33173

2. Principal Place of Business 3. Mailing Address  
7101 SW 99 AVE 7101 SW 99 AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
D108 D108  
 City & State City & State  
MIAMI, FL 33173 MIAMI, FLA.  
 Zip Country Zip Country  
33173 U.S.A. 33173 U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
A.C. REGISTERED AGENT CORP. Name MARK P. CARUSO MD.  
2601 S. BAYSHORE DRIVE Street Address (P.O. Box Number is 7101 SW 99 AVE D108  
SUITE 1600 City MIAMI FL Zip Code 33173  
MIAMI, FL 33173

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>CARUSO, MARK P.</u> <u>7101 SW 99 AVE. D108</u> <u>MIAMI, FL 33173</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>PD</u> <u>NOVOA, GABRIEL JR</u> <u>7101 SW 99 AVE D108</u> <u>MIAMI, FL 33173</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 [Signature] 3/13/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)