

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90413 020 \*\*\*150.00

**DOCUMENT # J62894**

1. Entity Name

**HAIN ENTERPRISES, INC.**

Principal Place of Business

**% JOSEPH HAIN  
 881 S.W. 15TH STREET  
 BOCA RATON FL 33486**

Mailing Address

**C/O JOSEPH HAIN  
 881 S.W. 15TH STREET  
 BOCA RATON FL 33486  
 US**

2. Principal Place of Business

**898 SW 15th Street**

3. Mailing Address

**898 SW 15th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

4. FEI Number

**59-2784800**

Applied For

Not Applicable

Zip  
**33486**

Country  
**USA**

Zip  
**33486**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HAIN, JOSEPH  
 881 S.W. 15TH STREET  
 BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**898 SW 15th Street**

City  
**Boca Raton**

**FL**

Zip Code  
**33486**

7. Name and Address of New Registered Agent

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.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE  
**P**  
 NAME  
**HAIN, JOSEPH**  
 STREET ADDRESS  
**881 S.W. 15TH STREET**  
 CITY-ST-ZIP  
**BOCA RATON FL**

☐ Delete

TITLE  
**DST**  
 NAME  
**HAIN, WALTRAUD**  
 STREET ADDRESS  
**881 SW 15TH STREET**  
 CITY-ST-ZIP  
**BOCA RATON FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
 NAME  
 STREET ADDRESS  
**898 SW 15th Street**  
 CITY-ST-ZIP  
**Boca Raton, FL 33486**

☒ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**898 SW 15th Street**  
**Boca Raton, FL 33486**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: Joseph Hain  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02  
 Date

561-391-5003  
 Daytime Phone #

CR2E034 (9/01)