2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J85741** May 10, 2000 8:00 am 1. Entity Name Secretary of State 88 ACRES, INC. 05-10-2000 90073 016 ***150.00 Mailing Address Principal Place of Business % MAX M. HAGEN % MAX M. HAGEN 3990 SHERIDAN ST., #104 3990 SHERIDAN ST., #104 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3655 2. Principal Place of Business . 353 | Griffin 3. Mailing Address 3531° Griffir DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0095653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGEN, MAX M. Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET #104 HOLLYWOOD FL 33021 ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this staten (NOTE: Registered Agent signature required when reinstating and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) - - - - - - - - - --Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE TITLE □ Delete NAME BETORET, FRATERNO VILA NAME Pt. Lauderdale, F1 STREET ADDRESS 3990 SHERIDAN STREET #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLÝWOOD FL ☐ Delete TITLE TITLE HAGEN, MAX M. NAME NAME Lauderdale, Fl 33312 3990 SHERIDAN ST #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ■ Addition □.Delate TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Dekete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address. With all other like empowered. SIGNATURE: