

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # J85742**

1. Entity Name  
**28.009 ACRES, INC.**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90073 013 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>% MAX M. HAGEN<br>3990 SHERIDAN ST., #104<br>HOLLYWOOD FL 33021<br>US | Mailing Address<br>% MAX M. HAGEN<br>3990 SHERIDAN ST., #104<br>HOLLYWOOD FL 33021-3655<br>US |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3531 Griffin Rd</b> | 3. Mailing Address<br><b>3531 Griffin Rd</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

|  |   |                                    |  |
|--|---|------------------------------------|--|
| City & State<br><b>Ft. Lauderdale FL</b> | City & State<br><b>Ft. Lauderdale, FL</b> | 4. FEI Number<br><b>65-0095656</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33312</b>                      | Country<br><b>USA</b>                     | Zip<br><b>33312</b>                | Country<br><b>USA</b>                                  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HAGEN, MAX M.<br/>3990 SHERIDAN ST #104<br/>HOLLYWOOD FL 33021</b> | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3531 Griffin Rd.</b><br>City <b>Ft. Lauderdale</b> FL Zip Code <b>33312</b> |
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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 **3/13/00**

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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BETORET, FRATERO VILA<br/>3990 SHERIDAN ST #104<br/>HOLLYWOOD FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></b><br><b>3531 Griffin Rd.<br/>Ft. Lauderdale, FL 33312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>HAGEN, MAX M.<br/>3990 SHERIDAN ST #104<br/>HOLLYWOOD FL</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></b><br><b>3531 Griffin Rd.<br/>Ft. Lauderdale, FL 33312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Max M. Hagen** **Secy.** DATE **3/15/00** DAYTIME PHONE # **(954) 987-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)