

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90055 022 ***150.00

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1. Entity Name
HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.



Principal Place of Business

**200 S BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131
US**

Mailing Address

**200 S BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131
US**

2. Principal Place of Business

**3059 GRAND AVE.
Suite, Apt. #, etc.
#340**

3. Mailing Address

**3059 GRAND AVE.
Suite, Apt. #, etc.
#340**

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33133 Country
DADE

Zip
33133 Country
DADE

4. FEI Number
59-1774581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLIN, TERRANCE J
200 SOUTH BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**3059 GRAND AVE.
Ste. 340**
City **MIAMI** FL Zip Code **33133**

I, 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ECHAVARRIA, LUIS F. %TJ MULLIN, 200 S BISCAYNE BLVD., STE 2000 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ECHAVARRIA, STELLA %TJ MULLIN, 200 S BISCAYNE BLVD. STE 2000 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % TJ MULLIN, 3059 GRAND AVE, #340 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % TJ MULLIN, 3059 GRAND AVE, #340 MIAMI FL 33133
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Luis F. Echavarría** President 3/03/03 (712) 231-8267
Date: **3/03/03** (712) 231-8267

CR2E034 (10/02)