2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L65610** Jul 20, 2000 8:00 am 1. Entity Name **Secretary of State** H.A.B. ENTERPRISES INC. 07-20-2000 90019 030 ***150.00 Principal Place of Business Mailing Address 107 VALENCIA DRIVE 107 VALENCIA DRIVE 118 VALENCIA DR 118 VALENCIA DR ISLAMORADA FL 33036 ISLAMORADA FL 33036 Principal Place of Business 3. Mailing Address lanı lantatio Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0185244 SIAMORada ISLAMOR Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Monroe MONROE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nard son δ RICHARDSON, JOHN HARLAN Box Number is Not Acceptable 107 VALENCIA DRIVE īα ISLAMORADA FL 33036 Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. 90/2 Richardson, John Har Change Delete TITLE RICHARDSON, JOHN HARLAN NAME NAME 8 Plantation BIVd STREET ADDRESS STREET ADDRESS 118 VALENCIA DR CITY-ST-ZIP Slamorada, Fl 33036 CITY-ST-ZIP ISLAMORADA FL √Change Delete TITLE ☐ Addition Richardson, Abbie NAME RICHARDSON, ABBIE NAME 118 Plantation Blvd. STREET ADDRESS 118 VALENCIA DR STREET ADDRESS 33036 Slamorada CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 'STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SULUTION THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000

305-852-172

Daytime Phone #

To whom Dt May Concean, it did not get recorde The heceived Town + sometimes the Post an find us when mail is sent Attachment L65610 DW7880

to an old address.
This is how We received This
2nd notice.
Please note the Changes
On this years form. Cell me with any questions.
Call me with any questions.
I did not pay the late Lee
I did not pay the late fee because of this mix-up!
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phone# 305-852-1726
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