

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M63686

1. Entity Name

CONDITA'S HAVEN, INC.

Principal Place of Business

2299 MCKINLEY STREET
HOLLYWOOD FL 33021

Mailing Address

7086 N.W. 66 TERRACE
POMPANO BEACH FL 33067

2. Principal Place of Business

10282 ENTRADA BLVD

3. Mailing Address

P.O. Box 970332

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

COCONUT CREEK

Zip

FL 33428

Country

FLA. BEACH

Zip

FL 33097

Country

BROWARD

6. Name and Address of Current Registered Agent

PHILLIPS REID, MARY C

7086 N.W. 66 TERRACE
POMPANO BEACH FL 33067

Coconut Creek
FL 33097

7. Name and Address of New Registered Agent

Name

MARY C PHILLIPS REID

Street Address (P.O. Box Number is Not Acceptable)

10282 ENTRADA BLVD

APT 215

City

BOCA RATON

FL

Zip Code

33428

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 MARY C PHILLIPS REID

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/01

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, 2001 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		<input type="checkbox"/> Delete
NAME	D PHILLIPS, MARY C	
STREET ADDRESS	7086 N.W. 66 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

MARY C PHILLIPS REID

MARY C PHILLIPS REID

Date

2/5/01

Daytime Phone #

561-451-1885

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90177 021 ***155.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)