


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90045 049 ****61.25

DOCUMENT # *N 02 000002629*
1. Entity Name
HAAS FUND INC.



DO NOT WRITE IN THIS SPACE

24028052

2. Principal Place of Business
5836 SE Lillian Circle
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Belleview FL

City & State
SAME

Zip
34420

Country
USA

4. FEI Number
593756201

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MITCHELL DENKER

Street Address (P.O. Box Number is Not Acceptable)
5836 SE Lillian Cir

City
Belleview

FL
34420

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

SIGNATURE *Mitchell Denker Mitchell Denker* DATE *3/18/04*

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

**FEE IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT JAYEB DENKER 12130 SE 47 AVE Belleview FL 34420</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D JANA DENKER 5836 SE Lillian Cir Belleview FL 34420</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP MITCHELL DENKER 5836 SE Lillian Cir Belleview FL 34420</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D ARNOLD DENKER 2701 N OCEAN FORT LAUDERDALE FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D JOHN ROTOLO 417 EATON ST Key West FL 33090</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mitchell Denker VP* *3/18/04* *3522458332*

CR2E037B (12/02)