2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 27, 2000 8:00 am DOCUMENT # N9900003490 1. Entity Name Secretary of State HAVEN AVENUE CORPORATION 05-26-2000 90101 030 ****61.25 Principal Place of Business Mailing Address 26121 5W 131 PLACE 20102 5W 119 PLUS 20101 EW 101 PLACE 20102 SLO 118 AUC. MIAMI FL 39032-7731 33177 MIAMI FL 30022- 33 277 2. Principal Place of Business 3. Mailing Address 20102 SW 118 Avenue 20102 SIDILBA AVENU Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For Lity & State 65-0960568 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)_ LODGE: ALTAGRACIA B ---20181 SW 134 PLACE 20102 310 118 AVENUA MIAMI FL 99082 32177 City 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Director ☐ Chance TITLE Delete TITLE I can wate fonte NAME NAME SW 113 Court STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Diffectos | Delete Change Addition TITLE Patricia Banuchi NAME NAME 10211 Pourtambleau Blud STREET ADDRESS STREET ADDRESS MAN 76 33172 CITY-ST-ZIP Miron FL 33172 CITY-ST-ZIP Altagracia B. Lodge " Change **⊠**PAddition TITLE ☐ Delete TITLE 20102 DILLA GIORDIA NAME STREET ADDRESS STREET ADDRESS MINNI FL 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: