

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90137 041 \*\*\*150.00

**DOCUMENT # P0000002521**

1. Entity Name  
**HACIENDA MANAGEMENT, INC.**



Principal Place of Business  
**1535 NORTH PARK DRIVE  
SUITE 100  
WESTON, FL 33326**

Mailing Address  
**1535 NORTH PARK DRIVE  
SUITE 100  
WESTON, FL 33326**

2. Principal Place of Business  
**1820 N. Corporate Lakes Blvd # 201**  
Suite, Apt. #, etc.  
**Suite 201**

3. Mailing Address  
**1820 N. Corporate Lakes Blvd**  
Suite, Apt. #, etc.  
**Suite 201**

City & State  
**Weston, FL**

City & State  
**Weston, FL**

Zip **33326** Country **USA**

Zip **33326** Country **U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0973025**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BENITEZ, CARLOS  
1535 NORTH PARK DRIVE  
SUITE 100  
WESTON, FL 33326**

**7. Name and Address of New Registered Agent**

Name **Benitez CARLOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1820 N. Corporate Lakes Blvd Suite 201**  
City **Weston** FL Zip Code **33326**

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 **Carlos Benitez**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-03**

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 **P** ☐ Delete  
NAME **BENITEZ, CARLOS**  
STREET ADDRESS **1535 NORTH PARK DRIVE**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P.D.** ☒ Change ☐ Addition  
NAME **BENITEZ CARLOS**  
STREET ADDRESS **1820 N. Corporate Lakes Blvd Suite 201**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03 (954) 2905562**

Date

Daytime Phone #

CR2E034 (10/02)