

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90394 010 ***150.00

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1. Entity Name
HEAVENLY PROPERTIES, INC.



Principal Place of Business
13899 BISCAYNE BLVD., SUITE 310
MIAMI FL 33181

Mailing Address
13899 BISCAYNE BLVD., SUITE 310
MIAMI FL 33181

2. Principal Place of Business
11900 Biscayne Blvd
Suite, Apt. #, etc.
805

3. Mailing Address
P.O. Box 611473
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip 33181 Country USA

Zip 33261 Country USA

4. FEI Number 65-0975244

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, LAURENCE
13899 BISCAYNE BLVD
310
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name Laurence Schneider
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd Suite 805
City Miami FL Zip Code 33181

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 Laurence Schneider - Pres/Director 2/6/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 D
NAME SCHNEIDER, LAURENCE C
STREET ADDRESS 13899 BISCAYNE BLVD., SUITE 310
CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

TITLE
NAME 11900 Biscayne Blvd
STREET ADDRESS Suite 805
CITY-ST-ZIP Miami, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 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: Laurence Schneider - Pres/Director 2/6/03 305-947-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)