

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000102723**1. Entity Name  
**ILEANA HAEDO, PA.****FILED****01 SEP 28 PM 4:40****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business  
**2745 EAST OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306**Mailing Address  
**2745 EAST OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306**2. Principal Place of Business  
**2745 E Oakland Pk.**3. Mailing Address  
**2745 E Oakland Pk**Suite, Apt. #, etc.  
**101**Suite, Apt. #, etc.  
**101**City & State  
**FT. LAUD  
FL.**City & State  
**FT. LAUD.  
Florida**Zip  
**33306** Country  
**USA**Zip  
**33306** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0647095**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HAEDO, ILEANA  
2745 EAST OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After September '12, 2001 Fee will be \$750.00  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
HAEDO, ILEANA  
2745 EAST OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **SIG ILEANA HAEDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**September 12, 2001**

Date

Daytime Phone #

0081876 AV

CR20034 (5/01)