

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90030 037 ***150.00

DOCUMENT # P00000106631

1. Entity Name
HANUSHA, INC.

Principal Place of Business
6189 NW 23RD RD
BOCA RATON FL 33434-4339

Mailing Address
6189 NW 23RD RD
BOCA RATON FL 33434-4339

721464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6169 JOE RD

3. Mailing Address

Suite, Apt. #, etc.
Suite C-9

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State

Zip
33469

Country
PA

Zip

Country

4. FEI Number
65-1059250

Applied For
 Not Applicable

5. 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

KORNREICH, JACK J
6189 NW 23RD RD
BOCA RATON FL 33434-4339

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 _____ (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **COHEN, LAWRENCE**
 STREET ADDRESS **12 LEARY LN**
 CITY-ST-ZIP **NESCONSET NY 11767**

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

TITLE **STD** ☐ Delete
 NAME **COHEN, HANNA**
 STREET ADDRESS **12 LEARY LN**
 CITY-ST-ZIP **NESCONSET NY 11767**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Lawrence Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01 (561) 644-8088

CR2E034 (10/00)