

DOCUMENT # P00000107234

1. Entity Name
HAVA, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90047 034 ***150.00

Principal Place of Business

Mailing Address

2591 NW 40TH ST.
BOCA RATON FL 33434

2591 NW 40TH ST.
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

191 W. Hillsboro Blvd
Suite, Apt. #, etc.
Deerfield Beach
City & State
Florida

2591 N.W. 40th St
Suite, Apt. #, etc.
Boca Raton
City & State
Florida



DO NOT WRITE IN THIS SPACE

Zip
33483

Country

Zip
33434

Country

4. FEI Number

65-1059804

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. NW, #401
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits the 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

1/5-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEYNOV, IOSIF
2591 NW 40TH ST.
BOCA RATON FL 33434

☐ Delete

TITLE
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CITY-ST-ZIP

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12. 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Iosif Leynov 1/5-01 (561) 989-0204

CR2E034 (10/00)