

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90052 048 ***150.00

DOCUMENT # P00000112576

1. Entity Name

HAJJAR'S CREATIONS INCORPORATED

Principal Place of Business

**2040 NW 8TH STREET
 BOCA RATON FL 33486**

Mailing Address

**2040 NW 8TH STREET
 BOCA RATON FL 33486**

2. Principal Place of Business

5057 Pelican Cove Dr

3. Mailing Address

5057 Pelican Cove Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON Beach, FL

City & State

BOYNTON Beach, FL

4. FEI Number

65-1093136 APPLIED FOR

Applied For

Not Applicable

Zip

33436

Country

Palm Beach

Zip

33436

Country

Palm Beach

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

HAJJAR, RICHARD

2040 NW 8TH STREET

BOCA RATON FL 33486

Name

Hajjar, Richard

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

5057 Pelican Cove Dr.

City

Boynton Beach

FL

Zip Code

33436

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 \$150.00

After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	HAJJAR, RICHARD	
STREET ADDRESS	2040 NW 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAJJAR, HELEN	
STREET ADDRESS	2040 NW 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5057 Pelican Cove Dr
CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5057 Pelican Cove Dr
CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hajjar

See/Pres.

2/23/02

Daytime Phone #

CR2E034 (9/01)