FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90450 018 ***550.00

DOCUMENT # P02000113491

1. Entity Name
H PAGA GAM ENTERPRISES, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PUBLIX 10019 W, HILLSBOROUGH AVE.	6202 N, SHELDON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1003
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33615 Country:	Zip: 33615 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3684251 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Phaga Laja

Street Address (P.O. Box Number is Not Acceptable): 6202 N Sheldon Rd. #1003

City: Tampa FL Zip Code: 33615

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 D NAME Phaga, Laja STREET ADDRESS 6202 N. Sheldon Rd. #1003 CITY-ST-ZIP Tampa, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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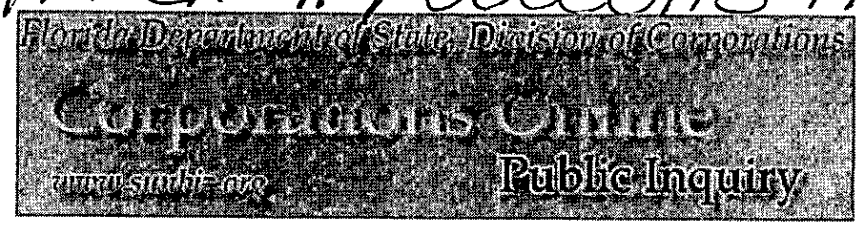
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LA JA PHAGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACH # P00000113491 / 672033



Florida Profit

HPAGA GAM ENTERPRISES, INC.

PRINCIPAL ADDRESS
5289 HARBORSIDE DR.
TAMPA FL 33615

MAILING ADDRESS
5289 HARBORSIDE DR.
TAMPA FL 33615

Document Number	FEI Number	Date Filed
P00000113491	593684251	12/06/2000
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
PHAGA, LAJA 5289 HARBORSIDE DR. TAMPA FL 33615

Officer/Director Detail

Name & Address	Title
PHAGA, LAJA 5289 HARBORSIDE DR. TAMPA FL 33615	D

Annual Reports

Report Year	Filed Date	Intangible Tax
2001	04/16/2001	