

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90860 042 \*\*\*150.00

DOCUMENT # P01000061388

1. Entity Name  
**HAPSA, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1540 SAN REMO AVE**

3. Mailing Address  
**1540 SAN REMO AVE**

Suite, Apt. #, etc.  
**APT # 10**

Suite, Apt. #, etc.  
**APT # 10**

DO NOT WRITE IN THIS SPACE

City & State  
**CORAL GABLES, FLORIDA**

City & State  
**CORAL GABLES, FLORIDA**

4. FEI Number **65-1114179**  
Applied For   
Not Applicable

Zip **FL** Country **33146**

Zip **33146** Country **USA**

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 **REEVES, VIOLETA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1540 SAN REMO AVENUE, APT # 10**  
City **MIAMI** FL Zip Code **33146**

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 \_\_\_\_\_ DATE **2-20-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>REEVES, VIOLETA</b> <b>1540 SAN REMO AVENUE, APT # 10</b> <b>CORAL GABLES, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, T, D</b> <b>MONTEVERDE, MARTIN</b> <b>11060 MARIN ST</b> <b>CORAL GABLES, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTEVERDE, ERNESTO</b> <b>11060 MARIN ST</b> <b>CORAL GABLES, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBYN, ALEXANDER</b> <b>11060 MARIN ST</b> <b>CORAL GABLES, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *V Reeves* **02/20/03** **305-663-3455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)