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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # P01000069599 1. Entity Name 02-25-2002 90036 040 ***150.00 HAMEN, INC. C51124649 Blogt Principal Place of Business Mailing Address 8202 NW 8TH PL. 8202 NW 8TH PL. 040401 FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENTHAL: STEPHEN B ESQ. Street Address (P.O. Box Number is Not Acceptable) 8142 N. UNIVERSITY DR. TAMARAC FL 33321 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees L(Sse criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TIBE D, VP, T Change ☐ Addition GUERY, THERESA 8202 NW BILL NAME **GUERY, THERESA** NAME STREET_ADDRESS STREET ADDRESS 8202 NW 8TH PL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33324 FI. Laududala Change ☐ Addition TITLE ☐ Delete TITLE P, 5 NAME NAME GUERY, LOUIS **GUERY, LOUIS** NW SHAPL STREET ADDRESS 8202 NW 8TH PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33324 Delete ☐ Addition TITLE TITLE NAME NAME FRANCOIS, ERVEY STREET ADORESS STREET ADDRESS 8202 NW 8TH PL. CITY-ST-ZIP CITY-ST-ZIP FT: LAUDERDALE FL 33324 ☐ Addition TITLE **X** Delete TITLE Change NAME NAME **GUERY, CLAIRE** STREET ADDRESS STREET ADDRESS 8202 NW 8TH PL CITY-ST-ZIP CITY-ST-7iP FT. LAUDERDALE FL 33324 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. The all other like empowered.