

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90055 018 ***150.00

DOCUMENT # P01000100365

1. Entity Name
HAGEN MARKET, INC.

Principal Place of Business **Mailing Address**
 7251 W PALMETTO PARK ROAD SUITE 206 7251 W PALMETTO PARK ROAD SUITE 206
 BOCA RATON FL 33433 BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 7410 W. BOYNTON BCH BLVD. 7410 W. BOYNTON BCH BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 A6 A6
 City & State City & State
 Boynton Bch, FL. Boynton Bch, FL.
 Zip Zip Country Country
 33437 Palm Beach 33437 Palm Beach

4. FEI Number **Applied For**
 65-1143622 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 STREIT, THOMAS E
 777 SOUTH FLAGLER DRIVE SUITE 900
 EAST TOWER
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: KING, JAMES P.
 Street Address (P.O. Box Number is Not Acceptable): 555 S. Federal Hwy #400
 City: BOCA RATON State: FL Zip Code: 33432

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 (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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DPT KING, JAMES P		STREET ADDRESS	555 S. Federal Hwy #400	
CITY-ST-ZIP	4580 NW 24TH WAY BOCA RATON FL 33431		CITY-ST-ZIP	Boca Raton, FL	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DVS PATINO, JULIE		STREET ADDRESS		
CITY-ST-ZIP	145 EXECUTIVE CIRCLE BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 4-26-2002 561-364-8336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)