

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000005630

1. Entity Name
HANG LOOSE INTERNATIONAL CORP.



90123299

Principal Place of Business
19380 COLLINS AVE STE #721
SUNNY ISLES BEACH, FL 33160

Mailing Address
19380 COLLINS AVE STE #721
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business
5288 NW 163 ST
Suite, Apt. #, etc.

3. Mailing Address
5288 NW 163 ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA
Zip
33014
Country
USA

City & State
MIAMI, FLORIDA
Zip
33014
Country
USA

4. FEI Number
02-0539916
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZAJAC, ALEJANDRO
3760 WEST FLAGLER STREET
MIAMI, FL 33134

7. Name and Address of New Registered Agent
Name **DANIEL HASPEL**
Street Address (P.O. Box Number is Not Acceptable)
5288 NW 163 ST
City **MIAMI** FL Zip Code **33014**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE **3/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **3/27/03** **305-430-0915**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2034 (10/02)