

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90205 044 \*\*\*150.00

**DOCUMENT # P02000064497**

1. Entity Name

HEAVEN HILLS ENTERPRISES, INC.



Principal Place of Business  
4718 NW 5TH COURT  
COCONUT CREEK FL 33063

Mailing Address  
4718 NW 5TH COURT  
COCONUT CREEK FL 33063

2. Principal Place of Business

901 EAST SAMPLE ROAD

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

SUITE K-1

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. FEI Number

04-3689421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATOS, RUY G  
4718 NW 5TH COURT  
COCONUT CREEK FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MIRANDA, BRAULIO  
CITY-ST-ZIP 4718 NW 5TH COURT  
COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MATOS, RUY  
CITY-ST-ZIP 4718 NW 5TH COURT  
COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MIRANDA, FLAVIA  
CITY-ST-ZIP 4718 NW 5TH COURT  
COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ricardo Miranda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2003  
Date

1954/781-6245  
Daytime Phone #

CR2E034 (10/02)