

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90400 007 ***150.00

DOCUMENT # P02000076265

1. Entity Name
HADE CORPORATION



Principal Place of Business
2448 NE 26TH AVE
LIGHTHOUSE POINT FL 33064

Mailing Address
2448 NE 26TH AVE
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
911 E. Atlantic Blvd.

3. Mailing Address
911 E. Atlantic Blvd.

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.
#101

City & State
Pompano Beach

City & State
Pompano Beach

Zip **33060** **Country** **USA**

Zip **33060** **Country** **USA**



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **542064290** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESKINS, ALEXANDER L
2448 NE 26TH AVE
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

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

SIGNATURE *Alexander L. Eskins*

01/09/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **DEL RISCO, HELEN E**
STREET ADDRESS **2448 NE 26TH AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **ESKINS, HELEN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **ESKINS, ALEXANDER L**
STREET ADDRESS **2448 NE 26TH AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VICE PRESIDENT** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **ESKINS, DRICA L**
STREET ADDRESS **2448 NE 26TH AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **SECRETARY** ☒ **Change** ☐ **Addition**
NAME **ESKINS, ERICA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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: *Alexander L. Eskins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/03
Date

954 946 5950
Daytime Phone #

CR2E034 (10/02)