FILED

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

## Apr 04, 2003 8:00 am Secretary of State P02000088587 DOCUMENT # 04-04-2003 90127 016 \*\*\*150.00 1. Entity Name **EHAF CORPORATION** Principal Place of Business Mailing Address ~ ~ ~ ~ ~ ~ U 1530 WEST 53RD ST. 1530 WEST 53RD ST. MANGONIA PARK FL 33407 MANGONIA PARK FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name aming and an area of the PLOTKIN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1530 WEST 53RD ST. MANGONIA PARK FL 33407 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 9. Election Campaign Financing \$5.00 May Be \*After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME HIBEL, EDNA NAME 1530 WEST 53RD ST. STREET ADDRESS STREET ADDRESS MANGONIA PARK FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HIBEL. THEODORE NAME STREET ADDRESS 1530 WEST 53RD ST. STREET ADDRESS CITY-ST-ZIP MANGONIA PARK FL 33407 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete PLOTKIN, JON NAME NAME STREET ADDRESS 1530 WEST 53RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANGONIA PARK FL 33407 TITLE Delete TITLE ☐ Change ☐ Addition NAME PLOTKIN, ANDREW NAME STREET ADDRESS STREET ADDRESS 1530 WEST 53RD ST. CITY-ST-ZIP MANGONIA PARK FL 33407 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

Delete

☐ Addition