

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90725 040 ***158.75

0003978 AT

DOCUMENT # P02000125462

1. Entity Name

HAVILAH ENRICHMENT, INC



Principal Place of Business

2510 NORTH 60TH AVENUE
HOLLYWOOD FL 33023

Mailing Address

2510 NORTH 60TH AVENUE
HOLLYWOOD FL 33023

2. Principal Place of Business

3367 University

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5826

Suite, Apt. #, etc.

11040078



☒ CHECK HERE IF MAKING CHANGES

City & State

Danie, FL

City & State

Hollywood, FL 33083

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33024

Country

USA

Zip

33082

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANKER, CARL

2510 NORTH 60TH AVENUE
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

Joy Julian

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

13710 NW 20 ST

City

Pembroke Pines FL

Zip Code

33028

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

Joy Julian

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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 P
STREET ADDRESS HAVILAH ENRICHMENT, INC
CITY-ST-ZIP 2510 NORTH 60TH AVENUE
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P. DR. CARL Branker
STREET ADDRESS 2211 NW 94 Ave
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☒ Change ☐ Addition
NAME VP
NAME CARLTON Branker
STREET ADDRESS 2211 NW 94 Ave
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☒ Change ☐ Addition
NAME S/T
NAME AVA Douglas
STREET ADDRESS 3212 NW 104 Ave
CITY-ST-ZIP Ft Lauderdale, FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-4433172

CR2E034 (10/02)