

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26256

1. Entity Name
HEAVEN INTERNATIONAL, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 040 ***550.00

Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 1000
ST. PETERSBURG FL 33701
US

Mailing Address
100 SECOND AVENUE SOUTH
SUITE 1000
ST. PETERSBURG FL 33701
US

A0078161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2958043**

Applied For
Not Applicable

Zip Country Zip Country

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

GORDON, ROBERT P
100 2ND AVE S
SUITE 1000
ST PETERSBURG FL 33701

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
GORDON, ROBERT P.
100 2ND AVE. S., SUITE 1000
ST. PETERSBURG FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HENRY, PAUL W
56 LAWRENCE ROAD
CHESTNUT HILL MA 02167

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

TITLE
NAME
STREET ADDRESS
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert P. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

9/12/00
Date

727/894-7674
Daytime Phone #

CR2E034 (5/00)