2000 UNIFORM BUSINESS REPORT (UBR) 8/ FILED .DOČUMENT # P93000081013 Aug 21, 2000 8:00 am Secretary of State 1. Entity Name HALAMA ENTERPRISES, INC. 08-01-2000 90005 023 ***150.00 Mailing Address Principal Place of Business 2710 GULF DRIVE 2710 GULF DRIVE HOLMES BEACH FL 34217 HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0449040 Not Applicable ecani \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent id Address of Current Registered Agent Name SHISHIDO, HAROLD Street Address (P.O. Box Number is Not Acceptable) 2710 GULF DRIVE **HOLMES BEACH FL 34217** econlo City 8. The above narried entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicab FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 **Change** ☐ Addition TITLE ☐ Delete TITLE BHISHIDO, Harold SHISHIDO, HAROLD NAME NAME 13278. Lecanto Hum STREET ADDRESS STREET ADDRESS 2710 GULF DRIVE CITY-ST-7/P CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Addition Oelete Change TITI F TITI F 18HIDO, RITAC SHISHIDO, RITA C NAME NAME 75. Leconto Hwi STREET ADDRESS 2710 GULF DRIVE STREET ADDRESS CITY-ST-ZIP CHY-SI-7P HOLMES BEACH FL 34217 Change. ☐ Addition. TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED

Date

Destana Phone 4

attachment

107648

July 21, 2000

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Fl. 32320-1500

To Whom It May Corcern:

This was the first notice we received to file the Uniform Business Report. We called and spoke with a gentleman at your (850) 488-9000 number. He asked, if we had received a prior notice. We advised him; we never received a first notice. We sold our last business and no longer receive mail from the Holmes Beach address. He told us to put this in writing and send in the application along with a check for \$150.00.

The check is enclosed. Thank you for your attention to this matter.

I Shished

Sincerely,

Rita C. Shishido