

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000044020****1. Entity Name**
HEADS - UP, INC.**Principal Place of Business**
20300 N.W. 2ND ST.
PEMBROKE PINES FL 33029**Mailing Address**
20300 N.W. 2ND ST.
PEMBROKE PINES FL 33029**2. Principal Place of Business****3. Mailing Address**

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number** 65-0505546Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**CABEZA, VICTOR
20300 N.W. 2ND AVE.
PEMBROKE PINES FL 33029**7. Name and Address of New Registered Agent****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**

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

(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!!! FEES \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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****TITLE** OTD ☐ Delete
NAME CABEZA, VICTOR J
STREET ADDRESS 20300 N.W. 2ND ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029**TITLE** SVD ☐ Delete
NAME CABEZA, MARGARET
STREET ADDRESS 20300 N.W. 2ND ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:** VICTOR CABEZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/7/01 954-436-2974
Date Daytime Phone #**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90009 001 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)