

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000051116

1. Entity Name

THE HANEEN CORPORATION

Principal Place of Business

Mailing Address

8850 PARK BLVD

8850 PARK BLVD

SEMINOLE, FL 33777

SEMINOLE, FL 33777

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

59-332-7572

Applied For

Not Applicable

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

KANTAR, RIAD  
8850 PARK BLVD  
SEMINOLE, FL 33777

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!!! FEE IS \$150.00  
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P. KANTAR, RIAD	<input type="checkbox"/> Delete
NAME	8850 PARK BLVD	
STREET ADDRESS	SEMINOLE, FL 33777	
CITY-ST-ZIP		
TITLE	VP KANTAR, FEDAARIAB	<input type="checkbox"/> Delete
NAME	7161 ALLEGRA BL	
STREET ADDRESS	SEMINOLE, FL 33777	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-00 (727) 391-9691

Date

Daytime Phone #

Pg 1 of 2

06-20-2000 90009 043 \*\*\*150.00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 22 PM 12:42

00065108

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Attachment  
P950000 51116

6-27-00

P: 950000 51116

ATT: ANDy

This letter is in response to the  
letter I received from you, as I  
explained before I did not receive  
any annual report form from you  
so I did file a blank report & I sent  
to you & when I did not receive  
any thing from you, I found out the  
check had not yet cashed by the bank  
I called you, you sent me another  
blank one, I sent you the form  
plus letter of explanation regarding the  
delay

Sincerely Mark Kato