

**2000 UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # P 95000051116

**R**

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

00 JUN 22 PM 12:42

1. Entity Name  
**THE HANEEN CORPORATION**

Principal Place of Business Mailing Address  
**8850 Park Blvd 8850 Park Blvd**  
**Seminole, FL 33777 Seminole, FL 33777**

00065108

DO NOT WRITE IN THIS SPACE

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  
**KANTAR, RIAD**  
**8850 Park Blvd**  
**Seminole, FL 33777**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-KANTAR, RIAD</b> <b>8850 Park Blvd</b> <b>Seminole, FL 33777</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KANTAR, FEDAARIAB</b> <b>7161 Alqursta Bl</b> <b>Seminole, FL 33777</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]* **AD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **6-13-00** (727) 391-9691  
 Daytime Phone #

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 for you so I did file a blank report & I sent to you & when I did not receive anything from you, I found out the checks had not get 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 Kator