

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084449

1. Entity Name
HAVELI, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90143 008 ***158.75

Principal Place of Business

137 NE 40TH ST.
#388
MIAMI FL 33137
US

Mailing Address

11770 GRIFFING BLVD
MIAMI FL 33161-6241
US

2. Principal Place of Business

3. Mailing Address

137 NE 40TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0624713

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

US

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

DYCKZO, OLGA M
11770 GRIFFING BLVD
MIAMI FL 33161

Name

OLGA M DYCKZO

Street Address (P.O. Box Number is Not Acceptable)

137 NE 40TH ST

City

MIAMI FL

FL

Zip Code

33137

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 ☐ Delete
NAME D
STREET ADDRESS DYCKZO, OLGA M
CITY-ST-ZIP 11770 GRIFFING BLVD
MIAMI BEACH FL 33161

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MICHAEL B. MAHON
CITY-ST-ZIP 11770 GRIFFING BLVD
MIAMI BCH FL 33161

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 305 573 0308

CR2E034 (9/99)