

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093979

1. Entity Name

H.A.M. BUSINESS CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90273 045 ***150.00

Principal Place of Business

Mailing Address

~~1707 NW 70 AVE~~
~~MIAMI FL 33120~~
~~US~~

~~1707 NW 70 AVE~~
~~MIAMI FL 33120~~
~~US~~

2. Principal Place of Business

4596 N. HIATUS RD.

3. Mailing Address

4596 N. HIATUS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0637688

Applied For

Not Applicable

Zip

33351

Country

US

Zip

33351

Country

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

DE ALMEIDA, ABNER A

~~4815 NW 70 AVE~~
~~SUITE 6~~
~~MIAMI FL 33166~~

Name

DE ALMEIDA, ABNER A.

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

4596 N. HIATUS RD.

City

SUNRISE

FL

Zip Code

33351

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.

DE ALMEIDA, ABNER A. 03/01/2000

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 PTD
 NAME ALMEIDA, ABNER
 STREET ADDRESS ~~4815 N.W. 70TH AVE., #6~~
 CITY-ST-ZIP ~~MIAMI FL 33166~~

☐ Delete

TITLE PTD
 NAME DE ALMEIDA, ABNER A.
 STREET ADDRESS 4596 N. HIATUS RD.
 CITY-ST-ZIP SUNRISE, FL 33351

☒ Change ☐ Addition

TITLE VSD
 NAME ALMEIDA, MARLI F
 STREET ADDRESS ~~4815 N.W. 70TH AVE., #6~~
 CITY-ST-ZIP ~~MIAMI FL 33166~~

☐ Delete

TITLE VSD
 NAME DE ALMEIDA, MARLI F.
 STREET ADDRESS 4596 N. HIATUS RD.
 CITY-ST-ZIP SUNRISE, FL 33351

☒ Change ☐ Addition

TITLE ~~D~~
 NAME ~~PAOLUCCI, MAURICIO~~
 STREET ADDRESS ~~4815 NW 70 AVE., #6~~
 CITY-ST-ZIP ~~MIAMI FL 33166~~

☒ Delete

← DELETE

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE ALMEIDA, ABNER 03/01/00 (954) 572-6626

Date

Daytime Phone #

CR2E034 (9/99)