2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600005782 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** HABA, INC. 01-19-2000 90005 034 ***150.00 Principal Place of Business Mailing Address 6531 TAYLOR STREET 6531 TAYLOR STREET HOLLYWOOD FL 33024-7643 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0643779 Not Applicable 3302L \$8.75 Additional 5. Certificate of Status Desired 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BABECKI, STEVEN 6531 TAYLOR STREET HOLLYWOOD FL 33024 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE Delete NAME NAME BABECKI, STEVEN STREET ADDRESS STREET ADDRESS **6531 TAYLOR STREET** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 STEVEN M. BABECKI 1/10/00 (954) 963-516-