

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90005 034 ***150.00

DOCUMENT # P96000005782

1. Entity Name

HABA, INC.

Principal Place of Business

Mailing Address

6531 TAYLOR STREET
 HOLLYWOOD FL 33024

6531 TAYLOR STREET
 HOLLYWOOD FL 33024-7643

2. Principal Place of Business

3. Mailing Address

6531 Taylor St.

Suite, Apt. #, etc.
 6531 Taylor St.

Suite, Apt. #, etc.

Hollywood Florida

City & State
 Hollywood Florida

City & State

Zip
 33024

Country
 Broward

Zip
 33024

Country
 Broward

4. FEI Number

65-0643779

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

BABECKI, STEVEN
 6531 TAYLOR STREET
 HOLLYWOOD FL 33024

Name
 BABECKI, STEVEN

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

6531 Taylor St.

City
 Hollywood

FL

Zip Code
 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.

SIGNATURE

Steven M. Babecki

STEVEN M. BABECKI

1/10/00

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	D	<input type="checkbox"/> Delete
NAME	BABECKI, STEVEN	
STREET ADDRESS	6531 TAYLOR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

Steven M. Babecki

STEVEN M. BABECKI

1/10/00

(954) 963-5167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)