

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90032 028 ***150.00

0062885
 AV

DOCUMENT # P96000013005

1. Entity Name
HAFMOON CORPORATION

Principal Place of Business

4661 NW 31ST AVE
TAMARAC FL 33309

Mailing Address

4661 NW 31ST AVE
TAMARAC FL 33309

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 **65-0643374**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRIED, MARK E
2706 BRICKELL BAY OFFICE TOWER
1001 S BAYSHORE DRIVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **JONG C CHO**
 Street Address (P.O. Box Number is Not Acceptable) **8086 MIZNER LANE**
 City **BOCA RATON** FL Zip Code **33433**

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  DATE **8/15/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D CHO, JONG C 8086 MIZNER LANE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHO, SEONG S 8086 MIZNER LANE BOCA RATON FL 33433	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/15/01 954-346-7288

CR2E034 (5/01)

Attachment

Doc. # P96000013005 ^{A0080070}

M A S
3000 N UNIVERSITY DRIVE
SUITE E
CORAL SPRNGS, FL 33065
Tel # 954-346-7288
Fax # 954-346-7217

August 3, 2001

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P96000013005/HAFMOON CORPORATION

To Whom It May Concern:

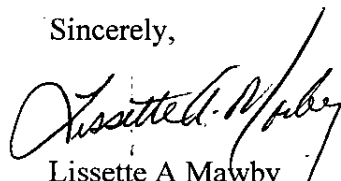
This is to request acceptance of the enclosed corporate renewal filing. The client did not receive the UBR until recently. It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,


Lissette A Mawby
For Hafmoon Corp