

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P96000024843

1. Entity Name

HAAPER (HHM), INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-28-2000 90016 030 ***150.00

Principal Place of Business

Mailing Address

1937 N.E. 147TH STREET
NORTH MIAMI FL 33181

1937 N.E. 147TH STREET
NORTH MIAMI FL 33181-1142

2. Principal Place of Business

3. Mailing Address

2050 Tigertail Blvd

2050 Tigertail Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay D

Bay D

City & State

City & State

Dania FL

Dania FL

Zip

Country

Zip

Country

33004

USA

33004

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0655546

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

Name

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

City

FL

Zip Code

8. The above entity is/are agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DEREK, HAAPANEN
HAAPER (HHM) INC.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2050 TIGERTAIL BLVD, BAY-D
DANIA, FL 33004
T: (954) 921-6308
F: (954) 921-6309

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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

Date

Daytime Phone #

2/1/2000 954
921-6308