

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90085 014 ***150.00

DOCUMENT # P96000025387

1. Entity Name
THE HAVANA REPUBLIC, INC.

Principal Place of Business
1360 WESTON RD.
WESTON FL 33326

Mailing Address
1360 WESTON RD.
WESTON FL 33326

2. Principal Place of Business
300. SW 1st AVE
 Suite, Apt. #, etc. **108**

3. Mailing Address
300 SW 1st AVE
 Suite, Apt. #, etc. **108**

City & State
FORT LAUDERDALE
 Zip **33301**

City & State
FORT LAUDERDALE
 Zip **33301**

4. FEI Number **84-1346897**

Applied For
 Not Applicable

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

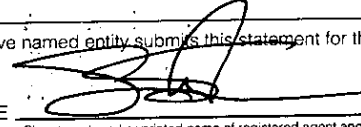
6. Name and Address of Current Registered Agent

SCHATZMAN, STEPHEN
1360 WESTON ROAD
WESTON FL 33326

7. Name and Address of New Registered Agent

Name **STEPHEN SCHATZMAN**
 Street Address (P.O. Box Number is Not Acceptable)
300 SW 1st AVE STE 108
 City **FORT LAUDERDALE** FL Zip Code **33301**

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  **Stephen Schatzman**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/24/02**

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, 2002 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

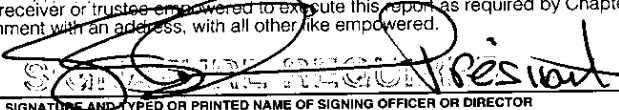
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHATZMAN, STEPHEN 1360 WESTON ROAD WESTON FL 33326 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHATZMAN, Stephen 300 SW 1st AVE Suite 108 FT. LAUDERDALE, FL 33301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 #

4/24/02 954-525-6333

CR2E034 (9/01)