

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048502

1. Entity Name

HAYMAN ENTERPRISES, INC.

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90146 014 ***550.00

Principal Place of Business

4200 NORTH OCEAN DRIVE
APT. 1801-1
SINGER ISLAND FL 33404

Mailing Address

4200 NORTH OCEAN DRIVE
APT. 1801-1
SINGER ISLAND FL 33404

2. Principal Place of Business

1200 MARINE Way
Suite, Apt. #, etc.
B705

3. Mailing Address

1200 MARINE Way
Suite, Apt. #, etc.
B705

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

FLORIDA

Zip

33408

Country

FLORIDA

6. Name and Address of Current Registered Agent

HAYMAN, RICHARD
4200 NORTH OCEAN DRIVE
APT. 1801-1
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name: RICHARD HAYMAN
Street Address (P.O. Box Number is Not Acceptable): 1200 MARINE Way, # B705
City: NORTH PALM BEACH, FL Zip Code: 33408

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

Richard Hayman (President)

8-30-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE: D
NAME: HAYMAN, RICHARD
STREET ADDRESS: 4200 OCEAN DR. APT. 1801-1
CITY-ST-ZIP: SINGER ISLAND FL 33404

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: RICHARD HAYMAN
STREET ADDRESS: 1200 MARINE Way #B705
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD HAYMAN Pres. 8/30/00

Date

Daytime Phone #

CR29034 (5/00)