

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062928

1. Entity Name
HAAM, INC.

Principal Place of Business

2715 BELCOE DR
ORLANDO FL 32808
US

Mailing Address

2715 BELCOE DR
ORLANDO FL 32808
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PATEL, ANILKUMAR C
351 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

NA

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

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-01

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 \$150.00
After MAY 1, 2001 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 D
NAME PATEL, ANILKUMAR C
STREET ADDRESS 351 PRAIRIE LAKE COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE D
NAME PATEL, MOHAN V
STREET ADDRESS 351 PRAIRIE LAKE COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE T
NAME PATEL, ILA ANIL
STREET ADDRESS 8649 AMBER OAK DR
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE D
NAME PATEL, JYOTI A
STREET ADDRESS 351 PRAIRIE LAKE COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE D
NAME PATEL, ANIL R
STREET ADDRESS 351 PRAIRIE LAKE COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

4-3-01

407-295-3878

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90007 019 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)