Mailing Address

122 E Y2 ST

STE 2210

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90024 036 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000065171

1. Corporation Name

Principal Place of Business

122 E Y2 ST

STE 2210

HAVEN WEST PROPERTIES, INC.

NEW YORK NY 10168			NEW YORK NY 10168					DO NOT WRITE IN THIS SPACE					
US		US	US					3. Date incorporated or Qualifed					
								08/05/1996					
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Ap				ied For	
21			26					59-3395991			Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8:7	75 -Ad	Iditional	
22			27					5. Certifcate of Status De	sired	Fe	e Req	uired	
City & State			City & State					6. Election Campaign Fin	ancing _	\$5.	00 M	lay Be	
23		28	•					Trust Fund Contribution	- 11		ded to		
Zip	Country		Zip	(Country			8. This corporation owes		angible		_	
24	25	29	r	30	•			Personal Property Tax		☐ Yes		∃No	
24	9. Name and Address of Currer		ered Agent	100				10. Name and Address o		Agent			
	3. Teamle prio Address of Carret	it itogiot			81	Nan	ne		-				
TAUB, THEODORE C													
100 N. TAMPA STREET #3500			82 Street Add			et Addres	dress (P.O. Box Number is Not Acceptable)						
TAMPA FL 33602			83			 							
11 414	7. T. 2. 33332				03	'							
					84	City			FL	85	Zip Co	ode	
44 Durament	40 to 507 0500 and 607 4500 Flerida Statutes the observe paged corporation submits this statement for the purpose of changing its registered												
Affice or re	opiotorod opent or both in the State	of Florids	a. Such change was a	וזחחדו	ized by	ine co	rporation	's board of directors. I heret	by accept the appoin	ntment a	is regi	stered	
agent.la	m familiar with, and accept the obliga	ntions of,	Section 607.0505, Flo	rida S	statutes	3 .							
SIGNATURE Stepsture, breed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE													
					13.		ire required v	ADDITIONS/CHANGES		D DIRE	CTOR	S IN 12	
12.	PD OFFICERS AF	אט טואבי	DELETE	-	.1 TITLE		100	ESIDENT	10 011 102110711	C ha		Addition	
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NAME	ASH, ALLAN				.2 NAME		HU	12A. A. A	,	22	١^		
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CITY-ST-ZIP	NEW YORK NY			_	.4 CITY-S	T-ZIP		PEN YORK, M	<i>410168</i>	<u>-</u> }}	<u>, C (</u>	Addition	
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NAME				2	.2 NAME								
STREET ADDRESS				2	.3 STREE	TADDRE	ss				~~	···~ ~	
CITY-ST-ZIP				2	. 4 CITY-	ST-ZIP							
TITLE			DELETE	3	.1 TITLE					☐ Cha	inge	Addition	
NAME				3	.2 NAME								
STREET ADDRESS				3	.3 STREE	TADDRE	ss						
CITY-ST-ZIP				3	.4. CITY-:	ST-ZIP							
TITLE			☐ DELETE	4	.1 TITLE					☐ Cha	inge	☐ Addition	
NAME				4	. 2 NAME		1						
STREET ADDRESS				- 1	.3 STREE		ss						
(- 1	4 CITY-5		**						
CITY-ST-ZIP			☐ DELETE	_	5.1 TITLE	1-21				Cha	inge	☐ Addition	
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STREET ADDRESS							~						
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NAME					.2 NAME								
STREET ADDRESS				6	3 STREE	TADDRE	SS						
CITY-ST-ZIP				6	i.4 CITY-5	ST-ZIP							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR