## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State DOCUMENT # **P96000067610** 1. Entity Name HAVEN INVESTMENTS, INC. 04-18-2001 90045 029 \*\*\*158.75 Principal Place of Business Mailing Address 16105 NE 18 AVE 16105 NE 18 AVE NO MIAMI BEACH FL 33162 NO MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt #612 S.R. 84 Suite, Apt # 612 S.R. 84 DO NOT WRITE IN THIS SPACE CINDAVIE, FL 33324 CityDAVIE, FL 33324 4. FEI Number Applied For 65-0699986 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLMAN, HARRIS Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18 AVE NO MIAMI BEACH FL 33162 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) Change Addition TITLE PS □ Delete NAME MILLMAN, HARRIS M. STREET ADDRESS STREET ADDRESS 16105 NE 18 AVE CITY-ST-ZIP CITY-ST-ZIP NO MIAMI BEACH FI ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 director of the corporation or the receiver or director of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 423-/637 Dayling Phone #