

DOCUMENT # P96000092364

1. Entity Name

HAVANA REPUBLIC W.H., INC.

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90054 001 ***150.00

913600

Principal Place of Business

Mailing Address

1360 WESTON RD
WESTON RI 33326
US1360 WESTON RD
WESTON RI 33326-1900
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713632

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN SCHATZMAN
1360 WESTON RD
WESTON FL 33326

Name

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHATZMAN, STEVEN
2101 NE 212 ST
N MIAMI BEACH FL 33179 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIMELSTEIN, ALEX
2101 NE 212 ST
N MIAMI BEACH FL 33179 ☐ DeleteTITLE
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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, changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

954-3841