

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90005 010 ***550.00

DOCUMENT # P97000026999

1. Entity Name

HAZLACHA CORP.



Principal Place of Business

333 41ST STREET
 SUITE 900
 MIAMI BEACH FL 33140

Mailing Address

333 41ST STREET
 SUITE 900
 MIAMI BEACH FL 33140

2. Principal Place of Business

3511 West Commercial Blvd
 Suite, Apt. #, etc.
 Suite 307

3. Mailing Address

3511 West Commercial Blvd.
 Suite, Apt. #, etc.
 Suite 307

City & State

Fort Lauderdale

City & State

Fort Lauderdale FL 33309

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0753555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DARDASHTI, DAVID
 333 41ST STREET
 SUITE 900
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name David Dardashti
 Street Address (P.O. Box Number is Not Acceptable)
 3511 West Commercial Blvd
 Suite 307
 City Fort Lauderdale FL Zip Code 33309

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 \$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	<input type="checkbox"/> Delete
NAME	DARDASHTI, DAVID	
STREET ADDRESS	3770 CHASE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSTEIN, HILLEL	
STREET ADDRESS	16 WEST 36TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARDASHTI, IRENE	
STREET ADDRESS	3770 CHASE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (5/00)