

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091347

1. Entity Name

HAGUE DEVELOPMENT CORP.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90214 050 ***150.00

Principal Place of Business

Mailing Address

284 S.E. 2ND AVENUE
DELRAY BEACH, FL.
33444

118 N.E. 16 ST.
DELRAY BEACH, FL.
33444

AVU00401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804092

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH HEYDER
10081 PINES BLVD. SUITE E
PEMBROKE PINES, FL. 33024

Name EDWARD GALLAGHER

Street Address (P.O. Box Number Not Acceptable)
118 N.E. 16 STREET

City DELRAY BEACH

FL

Zip Code 33444

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

4/26/01

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KENNETH HEYDER
STREET ADDRESS 10081 PINES BLVD. SUITE E
CITY-ST-ZIP PEMBROKE PINES, FL. 33024

☐ Delete

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TITLE VP
NAME EDWARD GALLAGHER
STREET ADDRESS 118 N.E. 16TH STREET
CITY-ST-ZIP DELRAY BEACH, FL. 33444

☐ Change ☒ Addition

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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 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

EDWARD GALLAGHER

Date

Daytime Phone #

4/26/01 564-276-0308