

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90085 023 \*\*\*150.00

**DOCUMENT # P97000100255**

1. Entity Name  
**HAVANA REPUBLIC SUNSET PLACE, INC.**

Principal Place of Business

**5701 SUNSET DR  
 STE 158  
 SO MIAMI FL 33143**

Mailing Address

**1360 WESTON ROAD  
 WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

**300 SW 1ST AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**108**

City & State

City & State

**FORT LAUDERDALE FL**

Zip

Country

Zip

Country

**33301**

**USA**

4. FEI Number

**65-0910222**

Applied For

Not Applicable

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

**SCHATZMAN, STEPHEN  
 1360 WESTON RD  
 WESTON FL 33326**

Name

**STEPHEN SCHATZMAN**

Street Address (P.O. Box Number is Not Acceptable)

**300 SW 1ST AVE ST 108**

City

**FORT LAUDERDALE**

FL

Zip Code

**33301**

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

**Stephen Schatzman**

**4/29/02**

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, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHATZMAN, STEPHEN</b>	
STREET ADDRESS	<b>1360 WESTON ROAD</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIMELSTEIN, ALEX</b>	
STREET ADDRESS	<b>1360 WESTON ROAD</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHATZMAN, STEPHEN</b>	
STREET ADDRESS	<b>300 S.W 1ST AVE Suite 108</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

**Stephen Schatzman**

**4/29/02**

**954-525-6333**

CR2E034 (9/01)