

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90296 046 ***150.00

DOCUMENT # P98000018192

1. Entity Name

HEAVEN'S INVESTORS, INC.

Principal Place of Business

Mailing Address

4770 NW 2ND AVE.,STE.D
 BOCA RATON FL 33431

PO BOX 811135
 BOCA RATON FL 33481-1135

2. Principal Place of Business

3. Mailing Address

3299 NW 2 Ave

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number

65-0836576

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

RUSTINE, DAVID A
 4530 NW 2ND AVE
 STE D
 BOCA RATON FL 33431

Name

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

3299 NW 2 Ave

#200

City
 Boca Raton

FL

Zip Code
 33431

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 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	DP	<input type="checkbox"/> Delete
NAME	RUSTINE, DAVID A	
STREET ADDRESS	4770 NW 2ND AVE.,STE.D	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, EDWIN W	
STREET ADDRESS	4770 NW 2ND AVE.,STE.D	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PARKER, EDWIN W	
STREET ADDRESS	4770 NW 2ND AVE.,STE.D	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		

TITLE	P5D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3299 NW 2 Ave #200	
CITY-ST-ZIP	Boca Raton, FL 33431	
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		
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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 #

4/18/00

(561) 997-8000