

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90131 009 ***150.00

DOCUMENT # P98000041426

1. Entity Name

HAWN ACQUISITION, INC.

Principal Place of Business

**1408 WEST LAKE DRIVE
 FORT LAUDERDALE FL 33316**

Mailing Address

**1408 WEST LAKE DRIVE
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

C/O Angelo, Barry & Boldt, P.A.

Suite, Apt. #, etc.

515 East Las Olas Blvd., Suite 850

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

3. Mailing Address

C/O Angelo, Barry & Boldt, P.A.

Suite, Apt. #, etc.

515 East Las Olas Blvd., Suite 850

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0833531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, MIKE

1408 WEST LAKE DRIVE

FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Angelo, Barry & Boldt, P.A.**

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

515 East Las Olas Blvd., Suite 850

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

4-23-02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUNEZ, MIKE	
STREET ADDRESS	C/O 14445 N.E. 20TH LANE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas P. Angelo	
STREET ADDRESS	C/O Angelo, Barry & Boldt P.A.	
CITY-ST-ZIP	515 East Las Olas Blvd., Suite 850 Fort Lauderdale, FL 33301	
TITLE	Director, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank D'Annunzio	
STREET ADDRESS	C/O Angelo, Barry & Boldt P.A.	
CITY-ST-ZIP	515 East Las Olas Blvd., Suite 850 Fort Lauderdale, FL 33301	
TITLE	Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gavin S. Banta	
STREET ADDRESS	C/O Angelo, Barry & Boldt P.A.	
CITY-ST-ZIP	515 East Las Olas Blvd., Suite 850 Fort Lauderdale, FL 33301	
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:

Thomas P. Angelo, Pres.

4-23-02

954-766-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)