

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90180 014 ***150.00

DOCUMENT # P98000067893

1. Entity Name
HAFT DECORATES, INC.



Principal Place of Business
C/O RICHARD J HAFT
159 NE 97TH ST
MIAMI SHORES FL 33138

Mailing Address
C/O RICHARD J HAFT
459 NE 97TH ST
MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

9200 N. BAYSIDE DR.

9200 N. BAYSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI SHORES FL

City & State
MIAMI SHORES FL

Zip
33138

Country
USA

Zip
33138

Country
USA

4. FEI Number
65-0861651

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

KAHN, DONALD J
317 71ST STREET
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAFT, RICHARD J
159 NE 97TH ST 9200 N. BAYSIDE DR
MIAMI SHORES FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard J. Haft**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 305 756 1001
Date Daytime Phone #

CR2E034 (10/02)