

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079936

1. Entity Name

HAVEN WOOD INCORPORATED

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90143 036 ***150.00

Principal Place of Business

2871 NW 8CT
FT LAUDERDALE FL 33311
US

Mailing Address

2871 NW 8CT
FT LAUDERDALE FL 33311-6609
US

2. Principal Place of Business

2871 NW 8 CT
Suite, Apt. #, etc.

3. Mailing Address

2871 N.W. 8 CT
Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

Country

33311

Zip

Country

33311

4. FEI Number

65-0863540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAROLD MARAGH
2871 NW 8 CT
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

HAROLD MARAGH

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

2871 NW 8 CT

City

Ft Lauderdale

FL

Zip Code

33311

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

TITLE ☐ Delete
NAME MIARAGH, HAROLD
STREET ADDRESS 2871 NW 8 CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)