

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079936

1. Entity Name  
**HAVEN WOOD INCORPORATED**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90194 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2871 NW 8CT  
FT LAUDERDALE FL 33311  
US

2871 NW 8CT  
FT LAUDERDALE FL 33311  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2871 NW 8 CT

3. Mailing Address

2871 NW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ft. Lauderdale FL

City & State  
Ft. Lauderdale FL

4. FEI Number **65-0863540**

Applied For  
Not Applicable

Zip  
33311

Country

Zip  
33311

Country

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

HAROLD, MARAGH  
2871 NW 8 CT  
FT LAUDERDALE FL 33311

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, 2001 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 ☐ Delete  
NAME **D MIARAGH, HAROLD**  
STREET ADDRESS **2871 NW 8 CT**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

03/27/01 951-646-8335  
Date Daytime Phone #

CR2E034 (10/00)