

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90115 024 ***150.00

DOCUMENT # P98000085451

1. Entity Name
HAWGHEAVEN, INC.

Principal Place of Business
1007 NORTH FEDERAL HIGHWAY
#186
FORT LAUDERDALE FL 33304

Mailing Address
PO BOX 22285
FORT LAUDERDALE FL 33335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6467 PERSHING STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

City & State

4. FEI Number **65-0867892**

Applied For
 Not Applicable

Zip **33024** Country **USA**

Zip 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **LEE KAPLAN**

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

6467 PERSHING STREET

City **HOLLYWOOD** **FL** Zip Code **33024**

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 *Lee Kaplan* **2-25-02**
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
 NAME **KAPLAN, LEE** ☐ Delete
 STREET ADDRESS **12775 NORTHWEST 11TH PLACE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **KAPLAN, LEE**
 STREET ADDRESS **6467 PERSHING STREET**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: *Lee Kaplan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 **954 401-9294**
 Date Daytime Phone #

CR2E034 (9/01)