

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # F98000107106

1. Entity Name

HAIGA M.E.O., INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

5735 57TH WAY 5735 57TH WAY

WEST PALM BEACH, FL 33409 WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

5735 57TH WAY

5735 57TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33409 PALM BEACH

33409 PALM BEACH

6. Name and Address of Current Registered Agent

99-00 AR

4. FEI Number 65-0876371 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

MARCO ESPINOZA

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

5735 57TH WAY

City

WEST PALM BEACH FL

Zip Code

33409

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JULY 25, 2000

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 \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ Delete
NAME MARCO ESPINOZA
STREET ADDRESS 5735 57TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33409

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 300003385763--9
STREET ADDRESS -09/08/00--01001--009
CITY-ST-ZIP *****308.75 *****308.75

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

MARCO ESPINOZA 07-25-00 561 687 0931

Date

Daytime Phone #

CR2E034 (9/99)

2 of 2

MARCO ESPINOZA
5735 57TH Way
West Palm Beach FL 33409
July 25th, 2000

The Division of Corporation
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

RE: Haiga M. E. O. INC.

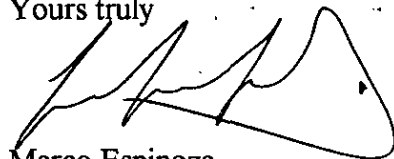
Enclosed please find completed 2000 Uniform Business Report along with our check in the amount of One Hundred, Fiftyeight Dollars and Seventyfive cents representing Report and Certificate of Status filing fees for the above mentioned corporation.

I recently started business and depended on a CPA firm to advise me of all necessary and timely corporate filings. Last week, I changed accountants and did not know about the annual Business Report until my new accountants inquired if it was filed.

I trust you will find the Report and attachment in good order.

Thank you.

Yours truly



Marco Espinoza
encl.