

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013156

1. Entity Name

Y2K ENTERPRISES, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90026 020 \*\*\*150.00

Principal Place of Business

Mailing Address

533 NW 130TH AVENUE  
PEMBROKE PINES FL 33028

533 NW 130TH AVENUE  
PEMBROKE PINES FL 33028-3123

2. Principal Place of Business

3. Mailing Address

12801 W. SUNRISE BLVD

18331 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

PEMBROKE PINES, FL.

4. FEI Number

65-0897706

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33029

Country

USA

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

HAUSBACH, RONALD H  
533 NW 130TH AVENUE  
PEMBROKE PINES FL 33028

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HAUSBACH, HARRIET R	
STREET ADDRESS	533 NW 130TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAUSBACH, RONALD H	
STREET ADDRESS	533 NW 130TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

HARRIET R. HAUSBACH 02-03-00 (954) 431-8146

CR2E034 (9/99)