

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039187

1. Entity Name

HEAVEN SENT, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90041 005 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2579 CEDARCREST ROAD~~  
~~WEST PALM BEACH FL 33415~~

~~2579 CEDARCREST ROAD~~  
~~WEST PALM BEACH FL 33415-8206~~

2. Principal Place of Business

2595 ROSEHAVEN RD

Suite, Apt. #, etc.

3. Mailing Address

2595 ROSEHAVEN RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

Zip 33415

Country

City & State

WEST PALM BEACH, FL

Zip 33415

Country

4. FEI Number

05-0917737

Applied For

Not Applicable

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

~~ANDERSON, LUARA A~~  
~~2579 CEDARCREST ROAD~~  
~~WEST PALM BEACH FL 33415~~

Name

PAULINE MALDONADO

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

2595 ROSEHAVEN RD

City

WEST PALM BEACH

FL

Zip Code

33415

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

Pauline Maldonado

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRES  
ANDERSON, LAURA A  
2579 CEDARCREST ROAD  
WEST PALM BEACH FL 33415

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
MALDONADO, PAULINE A  
2579 CEDARCREST ROAD  
WEST PALM BEACH FL 33415

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  
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  
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:

Pauline Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

561  
965 0135

Daytime Phone #

CR2E034 (9/99)