

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041712

1. Entity Name

HAVANA MOON RESORTWEAR CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90026 020 ***150.00

Principal Place of Business

Mailing Address

12929 SW 88TH TERRACE
MIAMI FL 33186

12929 SW 88TH TERRACE
MIAMI FL 33186-1741

2. Principal Place of Business

12929 SW 88th Terrace

3. Mailing Address

12929 SW 88th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami florida

City & State

miami, florida

4. FEI Number

650-91-8323

TAX ID.

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

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

ELIAS, JUDITH E
12929 SW 88TH TERRACE
MIAMI FL 33186

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

Judy Elias

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ELIAS, JUDITH E	12929 SW 88TH TERRACE	MIAMI FL 33186	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BUTTON, RICHARD J	1245 OBISPO AVE.	CORAL GABLES FL 33134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BUTTON, DAVID A	1245 OBISPO AVE.	CORAL GABLES FL 33134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ELIAS, BLAS R	12929 SW 88TH TERRACE	MIAMI FL 33186	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Judy Elias REGUTODY ELIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00 (305)826-9691

Date

Daytime Phone #

CR2E034 (9/99)