

02

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # P99000050918

1. Entity Name

PURPLE HAZE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 26 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3514 LAKE WORTH RD

Suite, Apt. #, etc.

3. Mailing Address

3514 LAKE WORTH RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0966122

Applied For

Not Applicable

Zip 33461

Country USA

Zip 33461

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LISA MARIE KRAMER

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

11233 ROSELYNN WAY

City

LAKE WORTH

FL

Zip Code

33467

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

Lisa M. Kramer

3/13/02

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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPOWNER
LISA KRAMER
11233 ROSELYNN WAY
LAKE WORTH, FL 33467TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP100005282121--
-04/16/02--01038--005
*****61.25 *****61.25TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPOWNER
KENNY GREENBAUM
914 L STREET
LAKE WORTH, FL 33461TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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IN THIS SPACE

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa M. Kramer

3/13/02 561-357-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)