

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060729

1. Entity Name
HEAVEN & EARTH, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90995 021 ***150.00

Principal Place of Business Mailing Address
2665 S. BAY SHORE DRIVE SUITE 603 2665 S. BAY SHORE DRIVE SUITE 603
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-5401

80094334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

COCONUT GROVE FL COCONUT GROVE FL

Zip Country Zip Country
33133 USA 33133 USA

4. FEI Number Applied For
65-0947653 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

GIBBS, W T
2665 S. BAY SHORE DRIVE SUITE 603
COCONUT GROVE FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
3835 UTOPIA CT
MIAMI FL 33133
City 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 *W. T. Gibbs* (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	ESQUIVEL-GIBBS, MARY ANN	<input type="checkbox"/> Delete
NAME	2665 S. BAY SHORE DRIVE SUITE 603	
STREET ADDRESS	COCONUT GROVE FL 33133	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3835 UTOPIA CT	
STREET ADDRESS	COCONUT GROVE FL 33133	
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
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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: *Mary Ann Esquivel-Gibbs* Mary Ann Esquivel-Gibbs 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #