

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90009 040 ***150.00

DOCUMENT # **999000063969**

1. Entity Name

HAIFA WASHINGTON, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

300 D Street S.W.

Suite, Apt. #, etc.

C18

3. Mailing Address

2949 2ND AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WASHINGTON DC

City & State

LAKE WORTH, FL

4. FEI Number

65-0939150

Applied For

Not Applicable

Zip

20024

Country

USA

Zip

33461

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

Name

STEWART CORWIN

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

2949 2ND AVENUE

City

LAKE WORTH

FL

Zip Code

33461

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

Stewart Corwin

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	STEWART CORWIN	
STREET ADDRESS	2949 2ND AVE	
CITY-ST-ZIP	LAKE WORTH FL 33463 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Stewart Corwin

Date

Daytime Phone #

4/29 561 641 4911

CR2E034 (9/99)