

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106799

1. Entity Name

HEAVEN Express.Com INC



FILED

Jun 02, 2000 8:00 am  
Secretary of State

06-02-2000 90004 036 \*\*\*150.00

Principal Place of Business

800 W. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE FL 33311

Mailing Address

800 W. OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE FL 33311-1733

2. Principal Place of Business

800 W OAKLAND PARK

3. Mailing Address

800 W OAKLAND PARK

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

FT Land FL

City & State

FT Land FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0974212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sandra K SHARPE  
6901 NW 32 AVE  
FT Lauderdale FL 33311

7. Name and Address of New Registered Agent

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

*Sandra K Sharpe*

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

TITLE Pres  
NAME Sandra K Sharpe  
STREET ADDRESS 6901 NW 32 Ave  
CITY-ST-ZIP FT Land FL 33311

☐ Delete

TITLE VP  
NAME Sandra K Sharpe  
STREET ADDRESS 6901 NW 32 Ave  
CITY-ST-ZIP FT Land FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

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:

*Sandra K Sharpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 954 567-2842  
Date Daytime Phone #