2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000107880

1. Entity Name

HAVANA FL 32333

2333

SIGNATURE:

HAVANA WASH HOUSE, INC.

Principal Place of Business

707 N. MAIN ST.

Mailing Address

4205 CAMDEN RD. TALLAHASSEE FL 32303

2. Principal Place of Business 707 N. McLAS
HAVANA, Flori DA

3. Mailing Address 4205 CAMDEN RD

City & State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State HAVANA, Flok. DA

Country U.S.a.

Tallchesseg FL

32303

Country

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90321 027 ***150.00

B0076424

Applied For

\$8.75 Additional

Not Applicable



DO NOT WRITE IN THIS SPACE

59-3625405

4. FEI Number

5. Certificate of Status Desired

CHAABAN, DEAN N 4205 CAMDEN RD. TALLAHASSEE FL 32303 6. 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. Significant in head or please have or ingurerable apent and little suprisone. 9. This corporation is eligible to satisfy its intangible. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11 OTHER MAKE SITERIA MORESS OTH-ST-2P TILE MAKE CITY-ST-2P TILE Delete Delete TILE Delete TILE Delete TILE Delete TILE Delete Delete		6. Name and Address of Current Reg		. Name and Address of New Ae	gistered Agei	<u>н</u>			
### Addition ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ### ADDITIONS/CHANGES T				Name	ALIA				
### Action #### Action ##### Action ##### Action ###################################	CHAABAN, DEAN N			Street Address (P.C	Street Address (P.O. Box Number is Not Acceptable)				
City	4205 CAMI	den RD.	· · · · · · · · · · · · · · · · · · ·						
City	TALLAHASSEE FL 32303								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) CHAABAN, DEAN N 2002 CAMBEN RD. THLE NAME SIREET ADDRESS CITY-ST-2PP THLE NAME SIREET ADDRESS CITY-ST				City		FI	Zip Code	****	
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. Alter May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee							-		
9. This comporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. After May 1, 2002 Fee will be \$550.00	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.								
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME SIRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
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