

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90321 027 ***150.00

DOCUMENT # P99000107880

1. Entity Name
HAVANA WASH HOUSE, INC.

Principal Place of Business

707 N. MAIN ST.
 HAVANA FL 32333

Mailing Address

4205 CAMDEN RD.
 TALLAHASSEE FL 32303

B0076424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HAVANA, FLORIDA
 Suite, Apt. #, etc.

3. Mailing Address

4205 CAMDEN RD
 Suite, Apt. #, etc.

City & State

HAVANA, FLOR. DA
Tallahassee

City & State

Tallahassee, FL

4. FEI Number

59-3625405

Applied For

Not Applicable

Zip
32333

Country
USA

Zip

32303

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAABAN, DEAN N
4205 CAMDEN RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

N/A

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

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CHAABAN, DEAN N**
 CITY-ST-ZIP **4205 CAMDEN RD.**
TALLAHASSEE FL 32303

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

DEAN N CHAABAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
 Date

933-0097
 Daytime Phone #

CR2E034 (9/01)