2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25966

FILED
00 OCT -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
LA HACIENDA PROPERTY, INC.

Principal Place of Business
11111 BISCAYNE BLVD., APT. 652
MIAMI FL 33161

Mailing Address
11111 BISCAYNE BLVD., APT. 652
MIAMI FL 33161-3404

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
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	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALVORSSEN, NELLY	NAME	
STREET ADDRESS	11111 BISCAYNE BLVD., APT. 652	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENEBY, PHILIP J	NAME	300003420693--5
STREET ADDRESS	RYL BOC TRUST LTD E HILL	STREET ADDRESS	-10/10/00--01085--013
CITY-ST-ZIP	NASSAU, N.P., BAHAMAS	CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	LS

CR2E034 (9/99)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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La Hacienda Property, Inc
11111 Biscayne Blvd. # 652
Miami, FL 33181
Phone (305) 895-8373

September 28, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Corporate Annual Report

Dear Sir/Madam:

Enclosed you will find a copy of our corporate annual report for 2000. The original was send to your office; March 29 2000 appears that you didn't receive it. This was brought to my attention when we inquired as to the whereabouts of our certificate so status.

Please process our application at your earliest convenience so that we can obtain our certificate of status as soon as possible. If you have any question or concerns, please call me at (305) 895-8373.

Your attention to this matter is greatly appreciated.

Very truly yours,

Nelly J. Halvorssen
President