

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91589 021 ***150.00

A0070480

DO NOT WRITE IN THIS SPACE

DOCUMENT # 114865				<p>1. Entity Name</p> <p style="font-size: 1.5em;">HAILE MARY & Company</p>	
Principal Place of Business					
Mailing Address					
<p>23950 SW 147 Ave</p> <p>Miami FL 33032</p>					
2. Principal Place of Business		3. Mailing Address		<p>4. FEI Number</p> <p style="font-size: 1.2em;">65-0311542</p> <p>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<p>Mary Babcock</p> <p>23950 SW 147 Ave.</p> <p>Miami, FL 33032</p>				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.					
<p>SIGNATURE <u>Mary A. Babcock</u></p> <p><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small></p>					
<p>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>			<p>FILE NOW!!! FEE IS \$150.00</p> <p>After MAY 1, 2001 Fee will be \$550.00</p> <p>Make Check Payable to Department of State</p>		
			<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
<p>Mary Babcock PRES</p> <p>23950 SW 147 Ave.</p> <p>Miami, FL 33032</p>			<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p><input type="checkbox"/> Delete</p>			<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
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<p><input type="checkbox"/> Delete</p>			<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>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.</p>					
<p>SIGNATURE: <u>Mary A. Babcock, Pres</u> 4/30/01</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>					

CR2E034 (11/00)