## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

255 ALHAMBRA PLACE

W. PALM BEACH FL 33405

## DOCUMENT # V69616

1. Entity Name

HAIK ENTERPRISES, INC.

Principal Place of Business

W. PALM BEACH FL 33405

2. Principal Place of Business

255 ALHAMBRA PLACE

Suite, Apt. #, etc.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90111 009 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANGES

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City & State		City & State			4. F	4. FEI Number 65-0363882			Applicable	
Zip	Country	Zip	Count		• •	ertificate of Status Desired		8.75 Addit ee Required		
	6. Name and Address of Current R	egistered Agent			7. N	ame and Address of New	Registered A	gent		
6. Ivalie and Addices of Cartesian				Name						
MNATSAKANIAN, GENADI M.				Street Address (P.O. Box Number is Not Acceptable)						
255_ALHAM	MBRA PLACE									
W. PALM BEACH FL 33405										
				City		<del></del>	FL	Zip Code		
					=istored see	ont or both in the State of i	Florida I am fa	ımiliar with, a	and accept	
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing	its register	ed office of Te	gistereo age	sitt, or both, in the state of				
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (I	NOTE: Registere	ed Agent signature	equired when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cherk Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.   Added to										
10.	OFFICERS AND I	DIRECTORS	11.		AD	DITIONS/CHANGES TO O	FFICERS AND		) IN 11	
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STREET ADDRESS				TY-ST-ZIP						
CITY-ST-ZIP				- 1	d in Section	119 07(3)(i). Florida Statut	es. I further ce	rtify that the	information	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MNATSAKANIAN

1/7/03

Daytime Fhone #