

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J85743

1. Entity Name

31.991 ACRES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90073 014 ***150.00

Principal Place of Business

Mailing Address

% MAX M. HAGEN
 3990 SHERIDAN ST. #104
 HOLLYWOOD FL 33021
 US

% MAX M. HAGEN
 3990 SHERIDAN ST. #104
 HOLLYWOOD FL 33021-3655
 US

2. Principal Place of Business

3531 Griffin Road

Suite, Apt. #, etc.

3. Mailing Address

3531 Griffin Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0095658

Applied For

Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGEN, MAX M.
 3990 SHERIDAN STREET
 #104
 HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

3531 Griffin Rd.

City
Ft. Lauderdale,

FL

Zip Code

33312

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

Max M. Hagen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/2000

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	BETORET, FRATERNO VILA	3990 SHERIDAN ST #104	HOLLYWOOD FL	<input type="checkbox"/>
S	HAGEN, MAX M.	3990 SHERIDAN ST #104	HOLLYWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3531 Griffin Road	Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3531 Griffin Road	Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Max M. Hagen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

(854) 987-0515

Daytime Phone #

CR2E034 (9/99)