

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90045 049 ****61.25

DOCUMENT # *N 02 000002629*

1. Entity Name

HAAS FUND INC.



DO NOT WRITE IN THIS SPACE

24028052

2. Principal Place of Business

5836 SE Lillian Circle

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellevue FL

City & State

Zip

34420

Country

USA

Country

4. FEI Number

593756201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MITCHELL DENKER*

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

5836 SE Lillian Cir

City *Bellevue*

FL

Zip Code

34420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mitchell Denker Mitchell Denker

3/18/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
JAYEB DENKER
12130 SE 47 AVE
Bellevue FL 34420*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
JANA DENKER
5836 SE Lillian Cir
Bellevue FL 34420*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
MITCHELL DENKER
5836 SE Lillian Cir
Bellevue FL 34420*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
ARNOLD DENKER
2701 N OCEAN
FORT LAUDERDALE FL*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
JOHN ROTOLLO
417 EADON ST
Key West FL 33090*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mitchell Denker VP

3/18/04

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CR2E037B (12/02)