

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90314 028 \*\*\*150.00

**DOCUMENT # P94000049372**

1. Entity Name  
**JOAN COLLINS, INC.**

Principal Place of Business  
**6901 CHIMERE TERRACE  
 BOYNTON BEACH FL 33437**

Mailing Address  
**6901 CHIMERE TERRACE  
 BOYNTON BEACH FL 33437**

2. Principal Place of Business  
**4710 DENARO DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4710 DENARO DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**LAS VEGAS, N.V**  
 Zip **89135** Country **USA**

City & State  
**LAS VEGAS, NV**  
 Zip **89135** Country **USA**

4. FEI Number  
**11-2155845**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRISON, DALE F  
 309 NORTHEAST FIRST STREET  
 DELRAY BEACH FL 33483**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>SEC HAYA, ESPERANCE 6901 CHIMERE TERR BOYNTON BEACH FL 33437</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT HAYA, ABRAHAM 6901 CHIMERE TERR BOYNTON BEACH FL 33437</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ABRAHAM HAYA 4710 DENARO DR LAS VEGAS, N.V. 89135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC ESPERANCE HAYA 4710 DENARO DR LAS VEGAS N.V. 89135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *ESPERANCE HAYA* *President* *4/8/2002*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)