

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90069 029 ****61.25

DOCUMENT # 742878

1. Entity Name

HARBOR 29, INC.

Principal Place of Business

Mailing Address

**710 NE 29 ST.
 APT. 1-A
 MIAMI FL 33137**

**710 NE 29 ST.
 APT. 1-A
 MIAMI FL 33137-4638**

A0047172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1980917

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANTAMARINA, GEORGE M., P.A.
 7175 S.W. 8TH STREET
 TOLEDO CENTER, SUITE 204
 MIAMI FL 33144**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **PD RIVERO, J.R.**
 STREET ADDRESS: **710 NE 29TH ST., 1-A**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: **PD LUIS RAMIREZ**
 STREET ADDRESS: **710 N.E. 29 ST. 4-C**
 CITY-ST-ZIP: **MIAMI - FL. 33137**

TITLE: Delete
 NAME: **TD RIVERO, JR**
 STREET ADDRESS: **710 NE 29 ST 4-A**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **SD MIZRAHI, MAX**
 STREET ADDRESS: **710 NE 29 ST 3-A**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: **SD JAIME FERRER**
 STREET ADDRESS: **3560 SW. 23 ST.**
 CITY-ST-ZIP: **MIAMI - FL. 33145**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: **VPD PIEDAD PACHECO**
 STREET ADDRESS: **710 N.E. 29 ST. 1-A**
 CITY-ST-ZIP: **MIAMI - FL. 33137**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

SIGNATURE: ~~SIGNATURE REQUIRED~~ **J.R. RIVERO** **4-19-00** **(305)573-2005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)