

05-27-2002 90396 014 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000079845  
 1. Entity Name  
**HARARI & COMPANY, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6706 NW 43rd Place</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>6706 NW 43rd Place</b> <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>	4. FEI Number <b>65-1035882</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33067</b>	Country <b>US</b>	Zip <b>33067</b>	Country <b>US</b>

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROTH, LEONARD A ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**2875 NE 191 STREET, PH3**

City **AVENTURA** FL Zip Code **33180**

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PRESIDENT</b>	<b>MARCELO HARARI</b>	<b>6706 NW 43rd Place Coral Springs, FL 33067</b>
	<b>VICE PRESIDENT</b>	<b>JAVIER RIZZO</b>	<b>6706 NW 43rd Place Coral Springs, FL 33067</b>
	<b>DIRECTOR</b>	<b>SUSANA-ESTHER HARARI-SRUR</b>	<b>6706 NW 43rd Place Coral Springs, FL 33067</b>
	<b>DIRECTOR</b>	<b>MARTIN LEYES HARARI</b>	<b>6706 NW 43rd Place Coral Springs, FL 33067</b>

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARCELO HARARI, PRESIDENT, 05-01-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 651-3314

CR2E034B (12/01)