

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000039586

1. Entity Name
 HARPER LAKE ACQUISITIONS, INC.

Principal Place of Business 700 UNIVERSE BLVD JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M CARPENTER 700 UNIVERSE BLVD JUNO BEACH FL 3308
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address ATTN: RITA W. COSTANTINO Suite, Apt. #, etc. 700 UNIVERSE BLVD
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City & State JUNO BEACH FL	4. FEI Number 65-0758966	Applied For <input type="checkbox"/> Not Applicable
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Zip 3308	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON J.E.
 9250 W. FLAGLER ST.
 MIAMI FL 33174
 US

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 **03/03/2000**
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, 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			
TITLE	AS	<input type="checkbox"/> Delete	
NAME	HATHAWAY SCOT C.		
STREET ADDRESS	11760 US HWY 1, SUITE 600		
CITY-ST-ZIP	N. PALM BEACH FL 33408		
TITLE	S	<input type="checkbox"/> Delete	
NAME	CARPENTER FRANCES M.		
STREET ADDRESS	11760 US HWY 1, SUITE 600		
CITY-ST-ZIP	N. PALM BEACH FL 33408		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	BOYLAN PETER D.		
STREET ADDRESS	11760 US HWY 1, SUITE 600		
CITY-ST-ZIP	N. PALM BEACH FL 33408		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	BOYLAN PETER D		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BCH FL 33408		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	HOFFMAN KENNETH		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BCH FL 33408		
TITLE	DP	<input type="checkbox"/> Delete	
NAME	YACKIRA MICHEAL W		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BCH FL 33408		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATHAWAY SCOT C.		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTANTINO RITA		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TANCER EDWARD F		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMIL DILEK L		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BCH FL 33408		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: RITA W. COSTANTINO AS 03/03/2000