

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054523

1. Entity Name

HARCOURT INVESTMENTS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90093 048 ***150.00

Principal Place of Business	Mailing Address
10680 SW 113TH PLACE SUITE 103 MIAMI FL 33176	10680 SW 113TH PLACE SUITE 103 MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Alhambra Circle Suite, Apt. #, etc. Suite 701	Same
City & State CORAL GABLES	City & State

4. FEI Number	65-0765279	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip
33134	Mia-Inde	

6. Name and Address of Current Registered Agent

DE LA OSA, JORGE L
 10680 SW 113TH PLACE
 SUITE 103
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 201 ALHAMBRA CIRCLE STE 701

City Coral Gables FL Zip Code 33134

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.

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	PSD	<input type="checkbox"/> Delete
NAME	DE LA OSA, JORGE L	
STREET ADDRESS	10680 SW 113TH PLACE STE 103	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DE ARMAS, OSCAR	
STREET ADDRESS	1590 OCEAN LANE SUITE 123	
CITY-ST-ZIP	FT LAUDERDALE FL 33318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 701	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address
STREET ADDRESS	3822 Pine Lake Drive	
CITY-ST-ZIP	Weston, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: [Signature] DATE: 1/4/00 (305) 273-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 (9/99)