

# 2000 UNIFORM BUSINESS REPORT (UBR)

01062

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S67985**

1. Entity Name  
**HARVEY'S BAR, INC.**

*R*

Principal Place of Business 3291 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311 US	Mailing Address 6093 N.W. 62ND TERR. PARKLAND FL 33067 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0281790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LANE, PAUL J.  
5310 NW 33RD AVE.  
STE. 100  
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name: ~~Atan~~

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
<b>D FRANKEL, HARVEY 5200 N.W. 33RD AVE. #200 FT. LAUDERDALE FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
<b>300003398353--4 -09/19/00--01069--016 ****150.00 ****150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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]* **REQUIRED**

Date: **9/8/00** Daytime Phone #: **954-724-0570**

CR2EJ34 (5/00)

**KE**

Harvey's Bar Inc.  
6093 N.W. 62 Terrace  
Parkland, Fl. 33067

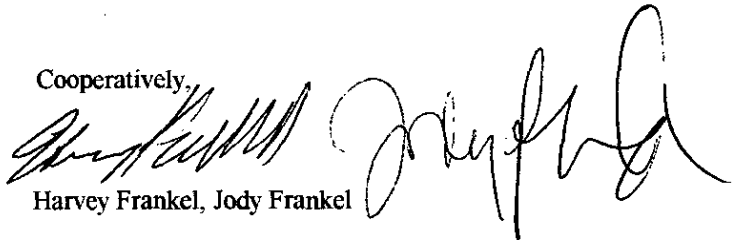
2 of 2  
Attachment  
567985

Dear Sirs,

I recently received from the Department of State a Second notice for payment of corporation renewal. I have been in business for twelve years here in Florida. With all the permits, licenses and taxes that are required to do business, I have never been delinquent with any one of them. As you can check with your own records you will find I have always fulfilled my responsibilities in a timely manner. Upon receipt of your notice I asked my wife if she had paid corporation renewal tax for her business. She said, "Why, when is it due?" she has not received any notices at all. Upon checking with my accountant, I found out the renewals were due May 1, 2000.

I am enclosing checks for both businesses. Even though I do not have paper work for my wife's business. Please find the necessary information for her business as well. Since we never received any notices, I am enclosing the normal \$150.00 annual fee.

Cooperatively,



Harvey Frankel, Jody Frankel

JMF FASHIONS INC  
FEIN/SSN # 65-0827592