

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017274

1. Entity Name
HARBOUR PLAZA MARKETING INC.

FILED

02 MAR 21 AM 11:55

Principal Place of Business
20801 BISCAYNE BLVD.
SUITE 401. AVENTURA CORPORATE CENTRE
AVENTURA FL 33180

Mailing Address
20801 BISCAYNE BLVD.
SUITE 401. AVENTURA CORPORATE CENTRE
AVENTURA FL 33180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0944391

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 N/A

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

(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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHOW, SUSAN	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT HONG KONG	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAI, DOMINIC	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT ROAD HONG KONG	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHIH, EDITH MS	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT ROAD HONG KONG	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KOH, P.C.	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT HONG KONG	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WALDBURGER, E.A.	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT ROAD HONG KONG	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHOW, RAYMOND	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT ROAD HONG KONG	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAI, DOMINIC	
STREET ADDRESS	22ND FLOOR HUTCHISON HOUSE	
CITY-ST-ZIP	10 HARCOURT ROAD HONG KONG	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Edith Shih Dir/Co Sec) 28th February, 2002 (852) 2128 1188



282

ACCOUNT NO. : 072100000032

REFERENCE : 487873 7329894

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : March 21, 2002

ORDER TIME : 3:39 PM

ORDER NO. : 487873-005

CUSTOMER NO: 7329894

CUSTOMER: Mr. James Beard
Harbour Plaza Marketing Inc.
20801 Biscayne Blvd
Suite 401
Miami, FL 33180

ANNUAL REPORT FILING

NAME: HARBOUR PLAZA MARKETING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____

RECEIVED
02 MAR 21 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA