

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90402 037 \*\*\*150.00

**DOCUMENT # 201439**

1. Entity Name

**ONE HARBOUR WAY INC**

Principal Place of Business

**1 HARBOUR WAY  
APT 306  
BAL HARBOUR FL 33154-1381**

Mailing Address

**1 HARBOUR WAY  
APT 306  
BAL HARBOUR FL 33154-1381**



2. Principal Place of Business

3. Mailing Address

**1 HARBOUR WAY**

Suite, Apt. #, etc.

**# 106**

City & State

**BAL HARBOUR, FL**

Zip

Country

**33154**

**DADE**

4. FEI Number

**59-0801729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STANTON, FRED R  
1111 LINCOLN ROAD  
STE. 111-A  
MIAMI BEACH FL 33139**

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

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

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | VP                               | <input type="checkbox"/> Delete            |
| NAME           | <b>ELLIOTT, JOSEPH</b>           |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>             |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154-1381</b> |  |
| TITLE          | D                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MANNO, EILEEN</b>             |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>             |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154</b>      |  |
| TITLE          | D                                | <input type="checkbox"/> Delete            |
| NAME           | <b>SUGAR, JACK</b>               |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>             |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154-1381</b> |  |
| TITLE          | S                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DAITOLO, LINDA</b>            |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>             |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154</b>      |  |
| TITLE          | P                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GRABILL, JERRY</b>            |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>             |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154-1381</b> |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | SIM SUGAR SIT                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>1 HARBOUR WAY</b>         |  |
| STREET ADDRESS | <b>BAL HARBOUR, FL 33154</b> |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR, FL 33154</b> |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CHARLES VELARDO</b>       |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>         |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR, FL 33154</b> |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>FREDERICK ZIEGLAR</b>     |  |
| STREET ADDRESS | <b>1 HARBOUR WAY</b>         |  |
| CITY-ST-ZIP    | <b>BAL HARBOUR, FL 33154</b> |  |
| 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 #

**4/9**

**305 864-4434**

CR2E034 (9/01)