

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

192583

DOCUMENT # **192583**

1. Entity Name

**ALGONQUIN INC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 24 AM 8:00

**DO NOT WRITE IN THIS SPACE**

**66431207**

2. Principal Place of Business

**3645 NW 7th**

3. Mailing Address

**3645 NW 7th**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**MRS**

City & State

**Miami, FL 33125**

City & State

**Miami FL**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**33125**

**Miami, FL**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**M. L. Harris**

Street Address (P.O. Box Number is Not Acceptable)

**3645 NW 7th North Bldg**

City

**Miami**

FL

Zip Code

**33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**400040686114**  
**08/31/04--01022--019 \*\*550.00**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>Harris, M. L.</b>
STREET ADDRESS	<b>3645 NW 7th</b>
CITY - ST - ZIP	<b>Miami, FL 33125</b>
TITLE	
NAME	
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**DO NOT WRITE  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**M. L. Harris**

**ML HARRIS JR**

**7/10/04**

**540-725-8557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)