\$001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 382153** HARBOUR REAL ESTATE CORPORATION 01-25-2001 90139 030 ***150.00 Principal Place of Business Mailing Address 4975 SW 85 ST 4975 SW 85 ST MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1354309 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WERNER, SETH Street Address (P.O. Box Number is Not Acceptable) 4975 SW 85 ST **MIAMI FL 33143** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WERNER, SETH NAME STREET ADDRESS 4975 SW 85 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is true and a of the corporation or the receiver pytrustee empowered to expense. hot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bulate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director outed his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

powéred.