

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 028 ***158.75

DOCUMENT # 669125
i. Entity Name
HARRY & LEE INCORPORATED

Principal Place of Business **Mailing Address**
649 SW 168 WAY **649 SW 168 WAY**
PEMBROKE PINES FL **PEMBROKE PINES, FL**
33027 **33027**

C0081023

2. Principal Place of Business **3. Mailing Address**
649 SW 168 WAY **649 SW 168 WAY**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State **City & State**
PEMBROKE PINES FL **PEMBROKE PINES FL**

Zip **Country** **Zip** **Country**
33027 **US** **33027** **US**

4. FEI Number **Applied For**
59-1992557 **Not Applicable**

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

6. Name and Address of Current Registered Agent
ISRAEL, LEON
649 SW 168 WAY
PEMBROKE PINES, FL
33027

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	ISRAEL, LEON	649 SW 168 WAY	PEMBROKE PINES FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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 **LEON ISRAEL** **4/24/2000** **954-442-0468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)