

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90130 013 ****61.25

DOCUMENT # -742878

1. Entity Name

HARBOR 29, INC.



Principal Place of Business

**710 NE 29 ST.
APT. 4-C
MIAMI FL 33137**

Mailing Address

**710 NE 29 ST.
APT. 4-C
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1980917**

Applied For

Not Applicable

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

**SANTAMARINA, GEORGE M., P.A.
7175 S.W. 8TH STREET
TOLEDO CENTER, SUITE 204
MIAMI FL 33144**

Name **JOSEPH AMINOFF, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD SUITE 9A

City **MIAMI BEACH**

FL

Zip Code
33139

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28 03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD RAMIREZ, LUIS**
STREET ADDRESS **710 NE 29TH STREET 4C**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☒ Delete
NAME **SD ALADRO, MANUEL**
STREET ADDRESS **710 NE 29TH STREET AD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME **TD RIVERO, J.R.**
STREET ADDRESS **710 NE 29TH STREET 4-A**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☒ Delete
NAME **VDP PACHECO, PIEDAD**
STREET ADDRESS **710 NE 29 STREET 1-A**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SD CARLOS GREGORIO**
STREET ADDRESS **710 N.E. 29th ST. 2-A**
CITY-ST-ZIP **MIAMI - FL - 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VDP FLORENCE CORDON**
STREET ADDRESS **710 N.E. 29th St. P.H.**
CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

TRENTORRE

04/27/03

(305) 573-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)