

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001303

1. Entity Name

HARDING FAMILY INVESTMENTS, LTD.

FILED

02 JAN 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2801 PONCE DE LEON BLVD., STE 800  
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD., STE 800  
CORAL GABLES FL 33134

2. Principal Place of Business

8836 N.W. 151 Terrace

3. Mailing Address

John Maria-Elena Harding  
8836 NW 151st Ter.  
Hialeah, FL 33018-1339

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

Country

Zip

Country

33018-1339

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

65-1031639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARDING, MARIA-ELENA B

2801 PONCE DE LEON BLVD., STE 800

CORAL GABLES FL 33134

Name

Maria-Elena B. Harding

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

8836 N.W. 151 Terrace

City

Miami Lakes

FL

Zip Code

33018-1339

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

DATE

9. Capital Contributions

\$990.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HARDING, JOHN A TRUSTEE  
8836 NW 151ST TERRACE  
MIAMI LAKES FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HARDING, MARIA-ELENA A TRUSTEE  
8836 NW-151ST-TERRACE  
MIAMI LAKES FL

STREET ADDRESS  
CITY-ST-ZIP  
500004834285--6  
-01/29/02--01065--017  
\*\*\*\*\*148.25 \*\*\*\*\*148.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/02

Date

Daytime Phone #

CR2E003 (9/01)