

2001 UNIFORM BUSINESS REPORT (UBR)

0008259 AF

DOCUMENT # **A95000001023**

1. Entity Name

HARCO OF PALM BEACH, LTD.

FILED

01 APR 26 AM 11:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 541359

P.O. BOX 541359

LAKE WORTH FL 33454

LAKE WORTH FL 33454

2. Principal Place of Business

3. Mailing Address

2176 JOG ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

4. FEI Number

65-0579069

Applied For

Not Applicable

Zip

33415

Country

Zip

Country

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

RAUCH, HARRY

2176 JOG ROAD

WEST PALM BEACH FL 33415

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. Capital Contributions as Shown on record.

\$9,500.00

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 # **P95000035244**
NAME **HARCO OF PALM BEACH, INC.**
STREET ADDRESS **2176 JOG ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HARRY RAUCH

4-16-2001

561 964 6501

Date

Daytime Phone #

CR2E003 (11/00)