

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000082

1. Entity Name

HARRISON FAMILY MANAGEMENT COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business

14600 SW 83 PLACE
MIAMI FL 33158

Mailing Address

14600 SW 83 PLACE
MIAMI FL 33158-1972



[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806968

Applied For

Not Applicable

Zip

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

**DAMIAN, VINCENT E JR.
C/O SALOMON, KANNER, DAMIAN & RODRIGUEZ
80 S.W. 8TH STREET, SUITE 2550
MIAMI FL 33130**

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.

\$400,000.00

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 # P98000001974
NAME HARRISON FAMILY MANAGEMENT CORPORATION
STREET ADDRESS 14600 SW 83 PLACE
CITY - ST - ZIP MIAMI FL 33158

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS

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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:

Wendy @ Harrison
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/00

Date

305-266-4666

Daytime Phone #