

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90216 041 ***158.75

0574161

DOCUMENT # F33197
 1. Entity Name
HAR-ETT CORPORATION

Principal Place of Business 363 ROCK ISLAND ROAD BUILDING #7 APT. #203 MARGATE FL 33063	Mailing Address 9 SURREY LANE EAST BRUSWICK NJ 08816 US
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4 3 3 1 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 06-5284408	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EISENSON, BARRY A.
 6000 W ATLANTIC BLVD
 MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDMAN, MARVIN	
STREET ADDRESS	9 BARKLEY CT	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDMAN, MILTON	
STREET ADDRESS	9 SURREY LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDMAN, BARBARA	
STREET ADDRESS	9 BARKLEY CT	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDMAN, SHELLEY	
STREET ADDRESS	9 SURREY LANE	
CITY-ST-ZIP	E BRUNSWICK NJ 08816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Milton Goldman **MILTON GOLDMAN** 4/26/2001 (732) 257-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)