

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003813

1. Entity Name

DR. HARSANY REALTIES INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90007 028 \*\*\*150.00

Principal Place of Business

Mailing Address

DEFALAISE #603  
 QUEBEC  
 H3R 2E5

3300 DEFALAISE #603  
 MONTREAL QUEBEC  
 CANADA H3R 2E5

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

NOT APPLICABLE

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

SIMON, CHARLES L  
 213 SE 8 ST  
 FT LAUDERDALE FL 33316-1014

Name **PETER HARSANY, D.Sc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**803 NE 19<sup>th</sup> AVE**  
 City **FT. LAUDERDALE FL 33304**

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. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
**PSC**  
**HARSANY, PETER D.SC.**  
 STREET ADDRESS **803 NE 19TH AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

TITLE ☐ Delete  
**VC**  
**HARSANY, ADRIENNE MRS**  
 STREET ADDRESS **3300 DEFALAISE #603, MONTREAL, QUEBEC**  
 CITY-ST-ZIP **CANADA H3R 2E5**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **803 NE 19<sup>th</sup> AVE**  
**FT. LAUDERDALE FL 33304**

TITLE ☐ Delete  
**DV**  
**HARSANY, MARY**  
 STREET ADDRESS **4612 DRAPER AVE, MONTREAL**  
 CITY-ST-ZIP **QUEBEC CA H4A 2**

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

TITLE ☐ Delete  
**VD**  
**ROMANOWSKI (HARSANY), AGNES MRS**  
 STREET ADDRESS **290 DIXON RD #603, TORONTO, ONTARIO**  
 CITY-ST-ZIP **CANADA M9R 1R9**

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

TITLE ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Febr 12 - 2000, 954-469-7020  
 x 514-138-5255

CR2E034 (9/99)