2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F95000003813 1. Entity Name DR. HARSANY REALTIES INC. Principal Place of Business Mailing Address 3300 DEFALAISE #603 3300 DEFALAISE #603 MONTREAL QUEBEC MONTREAL. QUEBEC CANADA H3R 2E5 CANADA H3R 2E5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name HARSANI, PETER DSC Street Address (P.O. Box Number is Not Acceptable) **803 NE 19TH AVE** FORT 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00

OFFICERS AND DIRECTORS

(See criteria on back)

PSC

HARSANY, PETER D.SC.

FORT LAUDERDALE FL 33304

HARSANY, ADRIENNE MRS

FORT LAUDERDALE FL 33304

4612 DRAPER AVE, MONTREAL

ROMANOWSKI (HARSANY), AGNES MRS

290 DIXON RD #603, TORONTO, ONTARIO

803 NE 19TH AVE

803 NE 19TH AVE

HARSANY, MARY

QUEBEC CA H4A 2

CANADA M9R 1R9

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CITY-ST-ZIP

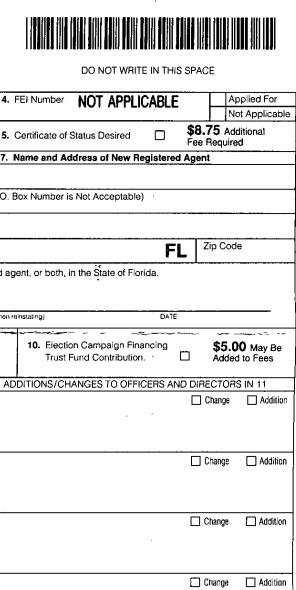
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FILED Apr 05, 2001 8:00 am Secretary of State

04-05-2001 90008 033 ***150.00



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TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower Boes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 attechment with an address, w 🍞 like empowered. HARSANT, PRESIDENT SIGNATURE:

Make Check Payable to Department of State

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12.

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