

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G54532

1. Entity Name

HARBOUR-LINK INTERNATIONAL, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90136 047 ***150.00

Principal Place of Business

Mailing Address

1579 LOUIS KOSSUTH AVE
BOHEMIA NY 11716

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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 11-2672870

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

XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRAO, MARIO 1579 LOUIS KOSSUTH AVE. BOHEMIA NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRAO, SHANE 1579 LOUIS KOSSUTH AVE. BOHEMIA NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRAO, STANLEY 1579 LOUIS KOSSUTH AVE. BOHEMIA NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SERRAO, JOAN 1579 LOUIS KOSSUTH AVE. BOHEMIA NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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.

JOAN-SERRAO - TREASURER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

631-567-8294

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Dt 054582
A0064354



HARBOR LINK INTERNATIONAL INC.

P.O. BOX 470
BOHEMIA, NY 11718
TEL 516-567-8294 FAX 516-568-1281

PAY TO THE ORDER OF
One Hundred Fifty and No/100 Dollars

FLORIDA DEPARTMENT OF REVENUE
5050 WEST TENNESSEE STREET
TALLAHASSEE, FL 32399-0128

Memo: GS4532, FLORIDA DEPARTMENT OF REVENUE

NORTH
FORK
BANK
Bohemia, NY 11718
50-791/214
3

C0049418

005935

DATE
4/10/01

AMOUNT
\$150.00

AUTHORIZED SIGNATURE

Quejues