

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90411 034 \*\*\*150.00

**DOCUMENT # G54532**

1. Entity Name  
**HARBOUR-LINK INTERNATIONAL, INC.**



Principal Place of Business  
**1579 LOUIS KOSSUTH AVE  
BOHEMIA NY 11716**

Mailing Address  
**4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802**



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>BO VP</b>						
	<b>SERRAO, MARIO</b>						
	<b>1579 LOUIS KOSSUTH AVE.</b>						
	<b>BOHEMIA NY</b>						
	<input type="checkbox"/> Delete						
	<b>VP</b>						
	<b>SERRAO, SHANE</b>						
	<b>1579 LOUIS KOSSUTH AVE.</b>						
	<b>BOHEMIA NY</b>						
	<input type="checkbox"/> Delete						
	<b>VP</b>						
	<b>SERRAO, STANLEY</b>						
	<b>1579 LOUIS KOSSUTH AVE.</b>						
	<b>BOHEMIA NY</b>						
	<input type="checkbox"/> Delete						
	<b>ST</b>						
	<b>SERRAO, JOAN</b>						
	<b>1579 LOUIS KOSSUTH AVE.</b>						
	<b>BOHEMIA NY</b>						
	<input type="checkbox"/> Delete						
	<b>PD</b>						
	<b>SHELDON SERRAO</b>						
	<b>1579 LOUIS KOSSUTH AVE</b>						
	<b>BOHEMIA, N.Y. 11716</b>						
	<input type="checkbox"/> Delete						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SHELDON SERRAO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

631 567 8294

Date

Daytime Phone #

CR2E034 (10/02)