

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67270

1. Entity Name

HARRIS AND DARMANIAN, P.A.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90048 009 \*\*\*150.00

Principal Place of Business

Mailing Address

8551 WEST SUNRISE BLVD. #206  
PLANTATION FL 33322

8551 WEST SUNRISE BLVD. #206  
PLANTATION FL 33322

2. Principal Place of Business

17100 ARVIDA PARKWAY

3. Mailing Address

17100 ARVIDA PARKWAY

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2342843

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

DARMANIAN, MARIE L.  
8551 WEST SUNRISE BLVD. #206  
PLANTATION FL 33322

Name

DARMANIAN, MARIE L.

Street Address (P.O. Box Number is Not Acceptable)

17100 ARVIDA PARKWAY, SUITE 1

City

WESTON

FL

Zip Code

33331

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          | DP                       | <input checked="" type="checkbox"/> Delete |
| NAME           | HARRIS, RICK A           |  |
| STREET ADDRESS | 8551 W SUNRISE BLVD #206 |  |
| CITY-ST-ZIP    | PLANTATION, FL 00000     |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | DARMANIAN, MARIE L.      |  |
| STREET ADDRESS | 8551 W SUNRISE BLVD #206 |  |
| CITY-ST-ZIP    | PLANTATION FL            |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | DP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HARRIS, RICK A                |  |
| STREET ADDRESS | 17100 ARVIDA PARKWAY, SUITE 1 |  |
| CITY-ST-ZIP    | WESTON, FL 33331              |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DARMANIAN, MARIE L.           |  |
| STREET ADDRESS | 17100 ARVIDA PARKWAY, SUITE 1 |  |
| CITY-ST-ZIP    | WESTON, FL 33331              |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)