

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90052 029 \*\*\*150.00

**DOCUMENT # G82432**

1. Entity Name  
**HARPER CORPORATION**

Principal Place of Business

Mailing Address

~~6039 COLLINS AVENUE~~  
~~#905~~  
~~MIAMI BEACH FL 33140~~  
~~US~~

6039 COLLINS AVENUE  
 #905  
 MIAMI BEACH FL 33140-2251  
 US

2. Principal Place of Business

3. Mailing Address

**2742 BISCAYNE BLVD**

**2742 BISCAYNE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

4. FEI Number

**59-2345701**

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

**MATZ, ISAAC**  
**2742 BISCAYNE BLVD**  
**MIAMI FL 33137**

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, 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 ~~PD~~  
 NAME **PAEZ, RICARDO H**  
 STREET ADDRESS **6039 COLLINS AVENUE #905**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

Delete

TITLE **DVP**  
 NAME **RODRIGUEZ, FERNANDO**  
 STREET ADDRESS **2742 BISCAYNE BLVD**  
 CITY-ST-ZIP **MIAMI FL 33137**

Delete

TITLE **D**  
 NAME **VIDAL, ORENTINO**  
 STREET ADDRESS **2742 BISCAYNE BLVD**  
 CITY-ST-ZIP **MIAMI FL 33137**

Delete

TITLE ~~BS~~  
 NAME **RODRIGUEZ, CARLOS**  
 STREET ADDRESS **2742 BISCAYNE BLVD**  
 CITY-ST-ZIP **MIAMI FL 33137**

Delete

TITLE **SECRETARY**  
 NAME **MATZ, ISAAC**  
 STREET ADDRESS **2742 BISCAYNE BLVD**  
 CITY-ST-ZIP **MIAMI FL 33137**

Delete

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Delete

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  Addition

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  Addition

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  Addition

TITLE **PRESIDENT/DIRECTOR**  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  Addition

TITLE **SECRETARY**  
 NAME **MATZ, ISAAC**  
 STREET ADDRESS **2742 BISCAYNE BLVD**  
 CITY-ST-ZIP **MIAMI FL 33137**

Change  Addition

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  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.

SIGNATURE: Isaac Matz Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2000  
 Date

305 573 6480  
 Daytime Phone #