## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **G82432** 1. Entity Name HARPER CORPORATION 03-20-2000 90052 029 \*\*\*150.00 Mailing Address Principal Place of Business 6039 COLLINS AVENUE... 6039 COLLINS AVENUE #805 MIAMI BEACH FL 33140-2251 MIAMI-BEACH FL 33140-HS 3. Mailing Address 2. Principal Place of Business 2742 BISCAME BUD 2742 BISCAME BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2345701 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATZ, ISAAC Street Address (P.O. Box Number is Not Acceptable) 2742 BISCAYNE BLVD **MIAMI FL 33137** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition <del>PD---</del> TITLE Change TITLE Delete PAEZ, RICARDO H NAME NAME STREET ADDRESS STREET ADDRESS 6039 COLLINS AVENUE #905 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change Addition TITLE ☐ Delete TITLE RODRIGUEZ, FERNANDO STREET ADDRESS 2742 BISCAYNE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33137** Addition ☐ Change ☐ Delete TITLE TITLE VIDAL, ORENTINO NAME NAME 2742 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** PRESIDENT/DIRECTOR Addition Delete TITLE TITLE RODRIGUEZ, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 2742 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change ★ Addition ☐ Delete SEERE TAMY TITLE MATL, 15 AAC 2742 BISCAYNE BLYD 2742 BISCAYNE BLYD 2000, FL 33137 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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