

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03853

1. Entity Name

HARVARD REALTY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90035 034 ***150.00

Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE
SUITE ~~100~~ 520
CORAL GABLES FL 33134
US

255 ALHAMBRA CIRCLE
SUITE ~~100~~ 520
CORAL GABLES FL 33134-7404
US

C0003367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 Alhambra Circle

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 520

Suite, Apt. #, etc.

Suite 520

City & State

Coral Gables, FL

City & State

Coral Gables FL

4. FEI Number

59-2407918

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANAKAKIS, BASIL S.
255 ALHAMBRA CIR
SUITE ~~100~~ 520
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name BASIL S. YANAKAKIS

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

255 Alhambra Circle Suite 520

City

Coral Gables

FL

Zip Code

33134

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

TITLE P
NAME YANAKAKIS, BASIL S.
STREET ADDRESS 9320 GALLARDO STREET
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Basil S. Yanakakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000
Date

Daytime Phone #