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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am H03853 DOCUMENT # **Secretary of State** 1. Entity Name HARVARD REALTY, INC. 02-11-2002 90006 022 \*\*\*158.75 Principal Place of Business Mailing Address 9130 S. DADELAND BLVD. 9130 S. DADELAND BLVD. RANTAGOLA **SHITE 1613 SUITE 1613** MIAMI-DADE FL 33156 MIAMI-DADE FL 33156 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2407918 Not Applicable Zip Country \$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 YANAKAKIS, BASIL S. Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD. **SUITE 1613** MIAMI FL 33156 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE YANAKAKIS, BASIL S NAME 13611 Deering Bay Dive Siena 904 9999 GALLARDO STREET STREET ADDRESS STREET ADDRESS CORAL GABLES FL Coral Gables, FL 33158 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS A Sheet ... CITY-ST-ZIP -- --CITY-ST-ZIP ☐ Delete Addition 70 57 นช แสด NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.