2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86517

1. Entity Name
HARMICKE; INC.

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90120 038 ***150.00

Principal Place of Business	Mailing Address
5825 Collins Ave. 11F Miami Beach, FL 33140	C/o KUTELL 5825 Collins Ave 11F Miami Beach, Fl 33140

A0061012
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5825 Collins Ave.	C/o KUTELL 5825 Collins
Suite, Apt. #, etc. 11F	Suite, Apt. #, etc. 11F
City & State Miami Beach FL	City & State Miami Beach
Zip 33140 Country US	Zip Fl Country US

4. FEI Number 59-2609765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Michael KUTELL
5825 Collins Ave.
Apt 11F
Miami Beach FL 33140

7. Name and Address of New Registered Agent

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 Pres. NAME Michael Kutell STREET ADDRESS 5825 CollinsAve. 11F CITY-ST-ZIP Miami Beach FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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], Michael A. KUTELL 14 April 2000 305-823-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #