

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90065 034 ***150.00

001624

DOCUMENT # H86517

1. Entity Name
HARMICKE, INC.

(U)

Principal Place of Business

**5825 COLLINS AVE.
 11F
 MIAMI FL 33140
 US**

Mailing Address

**C/O KUTELL
~~5825 COLLINS AVE #11F~~
~~MIAMI BEACH FL 33140~~**

AUG 13 2001



2. Principal Place of Business

3. Mailing Address

7150 W 20th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

412

City & State

City & State

Hialeah, FL

Zip

Country

Zip

Country

33014

USA

4. FEI Number

59-2609765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUTELL, MICHAEL
 5825 COLLINS AVE.
 11F
 MIAMI FL 33140**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	P	<input type="checkbox"/> Delete
NAME	KUTELL, MICHAEL A.	
STREET ADDRESS	5825 COLLINS AVE 11F	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

Michael Kutell

7/20/01

Daytime Phone #

362-1986

681-108

CR2E034 (5/01)



Attachment
D# H86517
A008107

August 2, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: H86517 HARMICKE, INC.

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 to cover the cost of the annual report for the above referenced corporation. This corporation never received the first notice of the year 2000 UBR.

We request an abatement of the \$400.00 penalty for late filing, due to the fact that the first notice was never received. Thank you.

Sincerely,



Lillian A. Zayas
For Pal-Med Health Services