

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78364

1. Entity Name

9460 HARDING, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90024 036 ***150.00

Principal Place of Business

Mailing Address

% MANUEL ZAIAC
100 S.E. 2ND ST., SUITE 2350
MIAMI FL 33131

% MANUEL ZAIAC
100 S.E. 2ND ST., SUITE 2350
MIAMI FL 33131-2151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0126673**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAIAC, MANUEL
100 S.E. 2ND STREET -
SUITE 2350
MIAMI FL 33131

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 ☐ Delete
NAME **D**
STREET ADDRESS **ZAIAC, MANUEL**
CITY-ST-ZIP **100 S.E. 2ND ST. #2350**
MIAMI FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARMAND, ADA**
CITY-ST-ZIP **100 S.E. 2ND ST. #2350**
MIAMI FL

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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 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

Date

Daytime Phone #

1-3-2000