2001 UNIFORM BUSINESS REPORT (UBR)

0004241

DOCUMENT #. L00000004982

1. Entity Name

E.S. HARRIS LLC

FILED
01 SEP 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
441 N.E. 195TH STREET. APT. 207 MIAMI FL 33179	441 N.E. 195TH STREET. APT. 207 MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
84 Deer Creek Rd a	84 Deer Creek Rd a
Suite, Apt. #, etc.: 1512	Suite, Apt. #, etc.: 1512
City & State: Deerfield beach	City & State: Deerfield beach
Zip: 33442 Country: U.S.A Broward	Zip: 33442 Country: U.S.A

4. FEI Number: 651005005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: Eugene Harris Street Address (P.O. Box Number is Not Acceptable): 84 Deer Creek Rd 1512 Deerfield Beach City: Deerfield Beach FL Zip Code: 33442

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Eugene Harris 441 N.E. 195th. St. APT. 207 Miami, FL 33179 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Theodore Harris 10236 Boca Entrada Blvd. APT 207 Boca Raton, FL 33428 ☐ 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	600004616256--0 -09/28/01--01040--017 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/01)

STAPLE CHECK HERE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 10 Aug 2001 561 482-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #