

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013547

1. Entity Name  
HARDING STREET, LLC

Principal Place of Business  
1120 N SOUTH LAKE DR  
HOLLYWOOD FL 33019

Mailing Address  
1120 N SOUTH LAKE DR  
HOLLYWOOD FL 33019

2. Principal Place of Business  
4106 Filmore St.

3. Mailing Address  
4106 Filmore St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hollywood Fl.

City & State  
Hollywood Fl.

Zip Country  
Broward

Zip Country  
33021 Broward

4. FEI Number  
65-1069731

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

SMITH, JOANNE M  
~~1120 N SOUTH LAKE DR~~ 4106 Filmore St.  
HOLLYWOOD FL ~~33019~~ 33021

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]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE  
4/13/01

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
may Robert Smith  
STREET ADDRESS 4106 Filmore St.  
CITY-ST-ZIP Hollywood, Fl Co Operator

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
may Joanne M. Smith  
STREET ADDRESS 4106 Filmore St.  
CITY-ST-ZIP Hollywood, Fl Co Operator

TITLE NAME  Change  Addition  
300004085739--4  
-04/27/01--01079--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/01 954-923-1573  
Date Daytime Phone #

FILED  
2001 APR 20 AM 11:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)