

# 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

33021

Country

Broward

4. FEI Number

65-1069731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fees Required

6. Name and Address of Current Registered Agent

SMITH, JOANNE M

1120 N SOUTH LAKE DR - 4106 Filmore St.  
HOLLYWOOD FL 33019

33021

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

4/13/01

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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

4/13/01

954-923-1573

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

Date

Daytime Phone #

CR2E083 (11/00)

55555555

FILED

2001 APR 20 AM 11:19

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE