## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # L30719 1. Entity Name 200 HARVARD CORP. 02-06-2001 90252 030 \*\*\*150.00 Mailing Address 3 Principal Place of Business 810 NE 20TH AVE FORT LAUDERDALE FL 33304-3036 FORT LAUDERDALE FL 33304 A0026891 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0168834 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 810 NE 20TH AVE. FORT LAUDERDALE FL 33304 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Change ☐ Addition ☐ Delete TITLE PARKER, RAYMOND NAMÉ NAME 810 NE 20TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME PEACOCK, ELSA NAME STREET ADDRESS STREET ADDRESS 25051 ASCOT LAKE CT CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRENNAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 810 NE 20TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the corporation 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 in the corporation 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 in the corporation of the corpo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

under oath; that I am an officer or director ny name appears in Block 11 or Block 12 if