2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9700000746						FIL	LED.		
Entity Name HARVARD VENTURE CAPITAL GROUP LLC				•	c	1 - YAM OI	PM 3: 1	3	
						SECRETAR'	Y OF STAT	TE	
Principal Place of Business Mailing Address					Ī 1À	LLAHASS	EE, FLOR	IDA	
1591 E ATLAN	NTIC BLVD	1591 E ATLANTIC BLVD					1	•	
SUITE 200 POMPANO BE	EACH FL 33060	SUITE 200 POMPANO BEACH FL 33	060-6748		, , , , , , , , , , , ,)) 		IUI 86ID 188II	B1826 B121 (BB1
2. Principal Place of Business		3. Mailing Address				818 18111 18 8 11 8 6 117 1	F First nasse nasse n		#1818 B i i i
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			-	DO NOT WE	RITE IN THIS S	PACE	
City & Stat	te	City & State			4. FEI Number	NOT ADDI	ICADI E		plied For
- Zin	Country	Zip	Count	tro.		NOT APPL	<u>'</u>	No. 5.00 Add	ot Applicable
Zìp	Country	ΖΙΡ	Count		5. Certificate of		. L F	ee Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New	Registered A	gent	
INTERNAT	TIONAL COMPANY SERVICES (US	SA) INC	INC . CA			NAGEMEN'		•	
	TLANTIC BLVD	•			(P.O. Box Number E. Atlant				
SUITE 200			,	Suite			<u> </u>	T	
PUMPANU	O BEACH FL 33060	/		^{City} Po p pa	no Beach		FL	330	50
		AIN . L		d office or registe	ered agent or both	in the State of F	lorida.		
8. The above	named entity submits this statement f	for the purpose of changing its	s registere	d office of registe	orda agent, or boar,		i .1 1		
8. The above) were						$\perp I = I$	<i>0</i> 00	
	e named entity submits this statement			Agent signature require			$\perp I = I$	100	.
) were	nt and title if applicable (NOT	E: Registered	Agent signature require	od when reinstating)	-	$\perp I = I$	000	
) were	nt and title if applicable (NOT	E: Registered	Agent signature require	od when reinstating)	•	$\perp I = I$	<u>100</u>	<u>.</u>
SIGNATURE .	Signature, typed or plinted name of registered ager	nt and title if applicable (NOT FILE N Make Check Pa BERS/MEMBERS	OW!!! Fayable to	Agent signature require FEE IS \$50.00 Department	od when reinstating)	-	$\perp I = I$		
SIGNATURE . 9. TITLE	Signature, typed or Afriked name of registered agen	nt and title if applicable (NOT FILE N Make Check Pa BERS/MEMBERS	E: Registered OW!!! Fayable to	Agent signature require FEE IS \$50.00 Department	od when reinstating)	-	#26/2 DATE		Addition
9. TITLE NAME \$TREET ADDRESS	Signature, typed or Afriked name of registered agen MANAGING MEMI MGR KANDAS PROPERTIES LIMITED 60 MARKET SQUARE	nt and title if applicable (NOT FILE N Make Check Pa BERS/MEMBERS	OW!!! Fayable to	Agent signature require FEE IS \$50.00 Department	od when reinstating)	-	#26/2 DATE		Addition
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