

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L97000000746

1. Entity Name  
HARVARD VENTURE CAPITAL GROUP LLC

00 MAY -1 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

Mailing Address  
1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060-6748



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
INTERNATIONAL COMPANY SERVICES (USA) INC.  
1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent  
Name  
CARLTON MANAGEMENT, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
1591 E. Atlantic Blvd.  
Suite 200  
City Pompano Beach FL Zip Code 33060

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]* (NOTE: Registered Agent signature required when reinstating)

DATE 4/26/2000

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANDAS PROPERTIES LIMITED 60 MARKET SQUARE BELIZE CITY BELIZE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSWADE ENTERPRISES LIMITED 60 MARKET SQUARE BELIZE CITY BELIZE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANDAS PROPERTIES LIMITED 60 MARKET SQUARE BELIZE CITY, BELIZE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE REQUIRED

4/26/00 954-943-1498

DATE DAYTIME PHONE #

CR2E083 (9/99)