

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004362  
AF

DOCUMENT # L99000000149

1. Entity Name

HARBER PREMIER PRODUCTS, L.L.C.

00 MAR 30 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1111 PARK CENTRE BLVD., SUITE 222  
MIAMI FL 33169

Mailing Address

1111 PARK CENTRE BLVD., SUITE 222  
MIAMI FL 33169-5365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0892465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BREIER, ROBERT G  
2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES FL 33134

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME JOVE, FRED  
STREET ADDRESS 1111 PARK CENTRE BLVD., SUITE 222  
CITY-ST-ZIP MIAMI FL 33169

TITLE  
NAME  
STREET ADDRESS  
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600003207006--E  
-04/13/00--01033--020  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)