

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90246 019 ****50.00

DOCUMENT # L99000005250

1. Entity Name

BARKER-HARDING INVESTMENTS L.L.C.

Principal Place of Business

**8836 S.W. 151ST TERRACE
 MIAMI FL 33018 - 1339**

Mailing Address

~~2801 PONCE DE LEON BLVD. #680~~
~~CORAL GABLES FL 33134~~

505432

2. Principal Place of Business

3. Mailing Address

8836 NW 151 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Lakes, FL

4. FEI Number

65-0939514

Applied For

Not Applicable

Zip

Country

Zip

Country

33018-1339

U.S.A.

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

**HARDING, MARIA-ELENA B
 8836 S.W. 151ST TERRACE
 MIAMI FL 33018**

Name
MARIA-ELENA B. HARDING OR JOHN A. HARDING

Street Address (P.O. Box Number is Not Acceptable)

Same

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **MARIA-ELENA B. HARDING**
 STREET ADDRESS ~~2801 PONCE DE LEON BLVD. #680~~
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **8836 N.W. 151 Terrace**
 STREET ADDRESS **Miami Lakes, FL 33018-1339**
 CITY-ST-ZIP

TITLE **ASSISTANT MGR** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **JOHN A. HARDING**
 STREET ADDRESS **8836 NW 151 Terr., Miami Lakes, FL 33018**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

John A. Harding **John A. Harding** 12/02 (305) 801-4103

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

Date

Daytime Phone #

CR2E083 (9/01)