

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0030420

DOCUMENT # L99000005356

1. Entity Name

HARBOR MANAGEMENT MAINTENANCE, L.L.C.

01-31-2002 90082 024 *****50.00

Principal Place of Business

27501 S. DIXIE HIGHWAY, SUITE 207
 HOMESTEAD FL 33032

Mailing Address

PO BOX 322407
 HOMESTEAD FL 33032-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

15600 SW 288 St #406

City & State

Homestead, FL

Zip 33033

Country

USA

Suite, Apt. #, etc.

PO Box 901755

City & State

Homestead, FL

Zip 33090-1755

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0947797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VANHOOK, MICHELLE
 27501 S. DIXIE HWY, SUITE 207
 HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name

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

15600 SW 288 Street #406

City

Homestead

FL

33033

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

Michelle VanHook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
 MGRM
 VANHOOK, MICHELLE
 STREET ADDRESS
 27501 S. DIXIE HIGHWAY SUITE 207
 CITY-ST-ZIP
 HOMESTEAD FL 33032

TITLE NAME ☐ Delete
 VP
 VANHOOK, RAYMOND
 STREET ADDRESS
 27501 S. DIXIE HIGHWAY, SUITE 207
 CITY-ST-ZIP
 HOMESTEAD FL 33032

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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: *Michelle VanHook*

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

1/26/02

Date

305-246-5867

Daytime Phone #

CR2E083 (9/01)