

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M52943

1. Entity Name

2100 CORPORATION



FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
04 MAY 13 PM 1:41

Principal Place of Business

2100 NW NORTH RIVER DRIVE
MIAMI FL 33125

Mailing Address

2100 NW NORTH RIVER DRIVE
MIAMI FL 33125

2. Principal Place of Business

2917 S.W. 5th AVE
Suite, Apt. #, etc.

3. Mailing Address

2917 S.W. 5th AVE
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

MIAMI, FL 33129

City & State

MIAMI, FL 33129

4. FEI Number

59-2807072

Applied For

Not Applicable

Zip

33129

Country

DADE

Zip

33129

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDIE, DAN R
2917 SW 5TH AVE
SUITE 206, COURVOISIER CENTRE
MIAMI FL 33129

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dan R Hardie

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

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARDIE, NANCY ☐ Delete
STREET ADDRESS 2917 SW 5 AVE
CITY-ST-ZIP MIAMI FL

TITLE P
NAME HARDIE, DAN R. ☐ Delete
STREET ADDRESS 2917 SW 5TH AVE.
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800037667408
STREET ADDRESS 06/04/04--01040--003 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dan R Hardie (DAN R. HARDIE) Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 305-8544241
Date Daytime Phone #