

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57263

1. Entity Name

HARRIET INVESTMENTS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90066 047 \*\*\*158.75

Principal Place of Business      Mailing Address  
 RUSSO, ALLEN, BAKER & SILVERMAN, PA      RUSSO, ALLEN, BAKER & SILVERMAN, PA  
 4675 PONCE DE LEON BLVD., SUITE 301      4675 PONCE DE LEON BLVD., SUITE 301  
 CORAL GABLES FL 33146      CORAL GABLES FL 33146-2113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 825 Brickell Bay Drive      P.O. Box 453200

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Tower III - Suite 1650

City & State      City & State  
 Miami, Florida      Miami, Florida

Zip      Country      Zip      Country  
 33131      USA      33245      USA

4. FEI Number      65-0033512      Applied For  
 Not Applicable

5. Certificate of Status Desired      ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, EDMUND P., ESQ.  
 4675 PONCE DE LEON BLVD.  
 SUITE 301  
 CORAL GABLES FL 33146

Name  
 Gladys Patino  
 Street Address (P.O. Box Number is Not Acceptable)  
 825 Brickell Bay Drive  
 Tower III - Suite 1650  
 City, State, Zip  
 Miami, FL 33131

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      Gladys Patino, Secretary/Director  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSO, EDMUND P. 4675 PONCE DE LEON BLVD. CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSO, LAURA L. 4675 PONCE DE LEON BLVD. CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISLER, GARY 825 Brickell Bay Dr., Tower III - #1650 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATINO, GLADYS 825 Brickell Bay Dr., Tower III - #1650 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (305) 372-0404

CR2E034 (9/99)