

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001709

1. Entity Name

HARVEY PROJECT INVESTMENT CLUB, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:24

Principal Place of Business

1816 NE 26TH AVENUE, SUITE 26
FORT LAUDERDALE FL 33305

Mailing Address

1816 NE 26TH AVENUE, SUITE 26
FORT LAUDERDALE FL 33305-3524

2. Principal Place of Business

1816 NE 26th Ave Suite 2

3. Mailing Address

1816 NE 26th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

4. FEI Number

65-0936120

Applied For

Not Applicable

Zip

33305

Country

Broward

Zip

33305

Country

Broward

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

WILLIAMS, HYACINTH E
1816 NE 26TH AVENUE, SUITE 2
FORT LAUDERDALE FL 33305

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 MGRM ☐ Delete
NAME WILLIAMS, HYACINTH
STREET ADDRESS 1816 NE 26TH AVENUE, SUITE 26
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE ☐ Change ☐ Addition
NAME 300003128613--8
STREET ADDRESS -02/08/00--01137--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME WILLIAMS, SHERILYN
STREET ADDRESS 1085 WARBURTON AVE., #720
CITY-ST-ZIP YONKERS NY 10701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/1/00

Date

(659)563-5613

Daytime Phone #