

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002032

1. Entity Name

HARBOR GREEN II, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:49

Principal Place of Business

2410 N.W. 49TH LANE
BOCA RATON, FL 33431

Mailing Address

2410 N.W. 49TH LANE
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARD J. ALAN CAHAN, ESQ
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

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	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	ARG INVESTMENT SUBTRUST	
STREET ADDRESS	2410 N.W. 49TH LANE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	N. RICHARD GRASSANO	
STREET ADDRESS	807 DOVER ST.	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

N. RICHARD GRASSANO
MANAGING MEMBER

2/28/00

561 395-0330

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

Date

Daytime Phone #

CR2E083 (11/99)