

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-13-2003 90200 023 ****70.00

DOCUMENT # N02000002739

1. Entity Name

HARDING VILLAGE, INC.



Principal Place of Business

**155 S MIAMI AVE
SUITE 1150
MIAMI FL 33131**

Mailing Address

**155 S MIAMI AVE
SUITE 1150
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3046656

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARCUS, MARIA P
155 S MIAMI AVE
SUITE 1150
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, J E	
STREET ADDRESS	1773 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, FRED	
STREET ADDRESS	1 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASALE, FRANKLYN	
STREET ADDRESS	16400 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, JERRY	
STREET ADDRESS	506 PERUGIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33188	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLERIN, MARIA	
STREET ADDRESS	200 SE 1 AVE SUITE 704	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASKINS, GAIL	
STREET ADDRESS	9821 SW 165 TER SUITE 1	
CITY-ST-ZIP	MIAMI FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-03

CR2E037 (10/02)