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

DOCUMENT # N93000003848

. Entity Name

HARDING TOWER CONDOMINIUM ASSOCIATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90199 040 ****61.25

| TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP HIAMI BCH FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS G801 HARDING AVENUE UNIT 304 CITY-ST-ZIP TITLE NAME STREET ADDRESS G801 HARDING AVENUE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE NAME STREET ADDRESS STREET | | | | A COO WE THE | | | | | |
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| Suite, Apt. #, etc. Check HERE # MAKING CHANGES Zip Country Zip Country Zip State FEI Number 65-0488498 Applied Fo Not Applied For | 00 West 49th S Naleah Fl 33012 | STREET | 900 WEST 49TH STREET HIALEAH FL 33012 | | | 1111 66 11 66 11 66 11 66 11 66 11 | 1111 1111 1111 1111 | | |
| City & State Ci | 2. Principal Plac | ce of Business | 3. Mailing Address | | | | | | |
| Country Zip Country Zip Country Fs. Cerdificate of Shalus Desiror S. S. Additional Fee Required | Suite, Apt. #, | etc | Suite, Apt. #, etc. | | | HECK HERE IF MAKI | NG CHANGES | | |
| S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent DELATORRE, CLEMENTE J. 900 WEST 49TH STREET SUITE 220 HALEAH FL 33012 CRy CRy FL Zp Code | City & State | | City & State | | 4. FEI Number 65 | 0488498 | — , —, — | | |
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| DELATORRE, CLEMENTE J. 900 WEST 49TH STREET SUITE 20 HIALEAH FL 33012 6. 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 acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac | | | | | 1 | | | | |
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| STREET ADDRESS CITY-ST-ZIP MIAM! BEACH FL 33141 STREET ADDRESS CITY-ST-ZIP | IIILE | | EJ UBIECE | | | | ŕ | | |
| CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. Liperphy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. | | | | STREET ADDRESS | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, or the section 119.07(3)(ii), Florida Statutes, or the section 119.07(3)(iii), Florida Statutes, or the section 119.07(3)(ii | CITY-ST-7IP | MIAMI REACH FL 33141 | _ | | | <u></u> | | | |
| 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 13.07 (s). I have the same legal effect as if made under oath; that I am an officer or direction or the receiver or trustee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block or changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | indicated of the cor changed, | on this report of supplemental report poration or the receiver or trustee emporation or on an attachant with an address | powered to execute this report with all other like empowered | as required by Chapter | 617, Florida Statutes; an | nd that my name appe | er certify that the nat I am an office ears in Block 10 c | information r or director or Block 11 if | |