

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006696

1. Entity Name

HARMMEYER, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90068 048 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1366 NW 58TH AVE.  
LAUDERHILL FL 33313

1366 NW 58TH AVE.  
LAUDERHILL FL 33313-6271

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

65-0959896

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

MALEC, RONALD S  
209 NE 27TH DR.  
FT. LAUDERDALE FL 33334

Name Harry M. Myers

Street Address (P.O. Box Number is Not Acceptable)

1366 NW 58th Ave

City Lauderhill

FL

Zip Code  
33313

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME McDuffie Myers  
STREET ADDRESS 1366 NW 58th Ave  
CITY-ST-ZIP Lauderhill, FL 33313

TITLE PTD ☒ Change ☒ Addition  
NAME Harry M. Myers  
STREET ADDRESS 1366 NW 58th Ave  
CITY-ST-ZIP Lauderhill, FL 33313

TITLE SD ☐ Delete  
NAME Henry Myers  
STREET ADDRESS 2019 Jackson St.  
CITY-ST-ZIP Hollywood, FL 33020

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

TITLE VD ☐ Delete  
NAME SANDRA CLAYBORNE  
STREET ADDRESS 2903 NW 60 AVE # 313  
CITY-ST-ZIP SUNRISE, FL 33313

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E037 (9/99)