DOCUMENT # P00000010833

1. Entity Name HARROWOOD MANAGEMENT, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90406 024 ***150.00

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
6638 Grande Orchid Way	6638 Grande Orchid Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33446 Country Palm Beach	Zip 33446 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979439 ☐ 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

Name Marc Sporn

Street Address (P.O. Box Number is Not Acceptable) 6638 Grande Orchid Way

City Delray Beach FL Zip Code 33446

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 ______________________ 4-30-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President/Director NAME Marc Sporn STREET ADDRESS 6638 Grande Orchid Way CITY-ST-ZIP Delray Beach, FL 33446	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4-30-01 (561) 498-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #