FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
04-02-2003 90121 043 ***150.00

DOCUMENT # P03000111616

1. Entity Name
HARI HARI INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4761- COCONUT PALM CIR N.E
Suite, Apt. #, etc.
City & State
ST. PETERSBURG FL
Zip 33703 Country U.S

3. Mailing Address
Suite, Apt. #, etc. SAME Address
City & State
Zip Country

4. FEI Number
59-3623271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name MOHAN PATEL
Street Address (P.O. Box Number is Not Acceptable)
4761- COCONUT PALM CIR N.E
City ST. PETERSBURG FL Zip Code 33703

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 Mohanbhai Patel 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT
NAME	MOHANBHAI PATEL
STREET ADDRESS	4761 COCONUT PALM CIR NE
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	PRESIDENT TREASURER
NAME	KANCHANBEN PATEL
STREET ADDRESS	4761- COCONUT PALM CIR NE
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mohanbhai Patel 3/26/03 727 522 2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #