

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000019536**

1. Entity Name

**HARFOUCH ENTERPRISES INC.**

Principal Place of Business

**533 So. HOWARD AVE.  
TAMPA FL 33606**

Mailing Address

**533 So. HOWARD AVE  
TAMPA FL 33606**

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

**59-3624726**

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

**HARFOUCH, MIKE  
533 So. HOWARD AVE  
TAMPA FL 33606**

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.

SIGNATURE

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  
State 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 **PRESIDENT** ☐ Delete  
NAME **MIKE HARFOUCH**  
STREET ADDRESS **533 So. HOWARD AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

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  
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NAME  
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CITY-ST-ZIP

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: **Mike Harfouch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90011 047 \*\*\*150.00

**00075053**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment # Doc# P00000619536

C0075053

HARFOUCH ENTERPRISES, INC.  
533 S. HOWARD AVENUE  
TAMPA, FL 33606

August 1, 2001  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

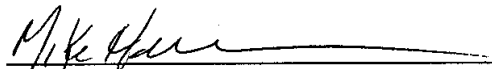
RE: 2001 Uniform Business Report

Sirs;

I have enclosed my 2001 Uniform Business Report with my company check for \$ 150.00.

I am asking for a waiver of the late filing penalty. I was moving my business at the end of 2000 when I had an emergency in the family and had to go back to Lebanon. I did not return to the United states until early 2001, and since the Post Office did not forward the form. I was unaware of the need to file this form on an annual basis, until I contacted my accountant last week, for the preparation of my corporation tax return.

I appreciate any consideration you will give this situation.

  
Mike Harfouch  
President