

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91100 021 ***150.00

DOCUMENT.# P00000020980

1. Entity Name
HARRIS ENVELOPE, INC.

Principal Place of Business

**10415 LAKESIDE DRIVE
CORAL GABLES FL 33156**

Mailing Address

**10415 LAKESIDE DRIVE
CORAL GABLES FL 33156**

2. Principal Place of Business

3890-K NW 132 ST.

3. Mailing Address

3890-K NW 132 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-098-7843

Applied For

Not Applicable

Zip

Country

33054 USA

Zip

Country

33054 USA

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

**FOGLE, LEWIS H JR
10415 LAKESIDE DRIVE
CORAL GABLES FL 33156**

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
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 **PD** ☒ Delete
NAME **FOGLE, LEWIS H JR**
STREET ADDRESS **10415 LAKESIDE DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DAVID HARRIS**
STREET ADDRESS **607 SW 79 Terrace**
CITY-ST-ZIP **N. Lauderdale, FL 33068**

TITLE **SD** ☒ Delete
NAME **FOGLE, MARGARET S**
STREET ADDRESS **10415 LAKESIDE DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **1ST VP / TREASURER** ☒ Change ☒ Addition
NAME **LIVINGSTON SHEPARD**
STREET ADDRESS **2905 Washington ST**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **2ND VP / SECRETARY** ☒ Change ☐ Addition
NAME **GENE BRAMBLETT**
STREET ADDRESS **13805 SW 78 CT**
CITY-ST-ZIP **MIAMI FL 33158**

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

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 information.

SIGNATURE:

GENE BRAMBLETT

4/27/01

305 885-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)