

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *P00000060451*

1. Entity Name

*Spaces in Harmony Inc***FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 001 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

9010 Tradd ST

Suite, Apt. #, etc.

3. Mailing Address

9010 Tradd ST

Suite, Apt. #, etc.

552150

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton Florida

City & State

Boca Raton Florida

4. FEI Number

65-1015701

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

33434

Country

*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

*Virginia Alexander**9010 Tradd ST**Boca Raton FL 33434*

Name

Virginia Alexander

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

9010 Tradd ST

City

*Boca Raton***FL**

Zip Code

33434

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

*Virginia Alexander**Virginia Alexander**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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Virginia Alexander</i>	
STREET ADDRESS	<i>9010 Tradd ST</i>	
CITY-ST-ZIP	<i>Boca Raton FL 33434</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Virginia Alexander</i>	
STREET ADDRESS	<i>9010 Tradd ST</i>	
CITY-ST-ZIP	<i>Boca Raton FL 33434</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Virginia Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Alexander

Date

Daytime Phone #

4/30/01 561-488-3854

CR2E034 (11/00)