

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90167 009 ***150.00

0047932 AV

DOCUMENT # P00000072264

1. Entity Name
HARPISTRY, INC.

Principal Place of Business
5195 SW 64 AVE.
MIAMI FL 33155

Mailing Address
5195 SW 64 AVE.
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8200 SW 91 AVE
 Suite, Apt. #, etc.

3. Mailing Address
8200 SW 91 AVE
 Suite, Apt. #, etc.

City & State
MIAMI, FL
 Zip
33156
 Country
USA

City & State
MIAMI, FL
 Zip
33156
 Country
USA

4. FEI Number **65-1041351**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAHAN, J.R.
249 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D STERN, MIRIAM
5195 SW 64 AVE.
MIAMI FL 33155
I shouldn't be here

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D BERKLEY, STACEY
8200 SW 9 AVE..
MIAMI FL 33156
wrong

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT & DIRECTOR
8200 SW 91 AVENUE
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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: **SIGNATURE REQUIRED** **TREASURER** **7/16/02** **305-868-3600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment # P00000072264

971943

TAXPAYER REQUESTS THAT \$400 PENALTY BE
ABATED AND, IN SUPPORT, STATES THE FOLLOWING:

1. THE MAILING ADDRESS WAS CHANGED IN EARLY
2002 FOR THE CORPORATION. AS A RESULT,
THE TAXPAYER DID NOT RECEIVE THE FORM
UNTIL MUCH LATER.
2. THE FORM WAS FINALLY RECEIVED IN JULY
2002, AND, IMMEDIATELY, THE \$150 FEE
WAS PAID. (CHECK ENCLOSED).
3. ALL FUTURE FILINGS WILL BE DONE
ON A TIMELY BASIS.

THANKS FOR YOUR PROMPT ATTENTION TO
THIS MATTER.

Judd A. Barkley CPA
& Treasurer