

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 025 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077900 ✓

1. Entity Name
HARSON ENTERPRISE #101, INC

Principal Place of Business - Mailing Address
4799 NW 7TH AVE 4799 NW 7TH AVE
MIAMI, FL 33127 MIAMI, FL 33127

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 #65-1032623 Applied For Not Applicable
5. Certificate of Status Desired. \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ABDUR ROSHID KHAN
4799 NW 7TH AVE
MIAMI, FL 33127

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.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW** **FILE LATER** **FILE NEVER**
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 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete DD ABDUR ROSHID KHAN 4799 NW 7TH AVE MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (8/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 titles empowered.

SIGNATURE: AR. Khan 4/25/01 305-756-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #