

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90932 001 \*\*\*150.00  
06-19-2002 90932 002 \*\*\*150.00

DOCUMENT # **P00000102255**

1. Entity Name  
**HARLY JOHNSON INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3450 EHELAND POINTE DR.</b> Suite, Apt. #, etc. <b>SUITE 308 B</b> City & State <b>HOLLYWOOD</b> Zip <b>33021</b> County <b>FL</b>	3. Mailing Address <b>3450 EHELAND POINTE DR.</b> Suite, Apt. #, etc. <b>SUITE 308 B</b> City & State <b>HOLLYWOOD</b> Zip <b>33021</b> County <b>FL</b>
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4. FEI Number <b>051051559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>LEDUC R.E. JEAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1001 NORTH FEDERAL HIGHWAY</b>	
<b>SUITE 202</b>	
City <b>HALLANDALE</b>	Zip Code <b>FL 33009</b>

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 **05/01/2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>GUYLAINE CHANDONNET</b> <b>124 DE MEZY</b> <b>BOUCHERVILLE, QUEBEC</b> <b>CANADA, J4B 4E2</b>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **05/01/2002** Daytime Phone #