

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90074 019 ***150.00

DOCUMENT # P00000108036

1. Entity Name

LITTLE WHALE, INC.

Principal Place of Business

Mailing Address

**105 NE 25 STREET
MIAMI FL 33137**

**105 NE 25 STREET
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

~~320 NE 23rd Street~~
Suite, Apt. #, etc.

1521 Alton Road
Suite, Apt. #, etc.

~~City & State~~
~~Miami Florida~~

Suite # 100
Miami Florida

~~Zip~~
~~33137~~

~~Country~~
~~USA~~

Zip
33139

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARIVEL, STEVE
320 NE 23 STREET
MIAMI FL 33137**

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	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARIVEL, STEVE		NAME		
STREET ADDRESS	320 NE 23 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEYA, LIESEL		NAME	HARIVEL, LIESEL	
STREET ADDRESS	320 NE 23 STREET		STREET ADDRESS	320 NE 23rd STREET	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

305) 3880154

Daytime Phone #

CR2034 (10/00)