

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 040 ***150.00

0240516 AV

DOCUMENT # P00000108036

1. Entity Name

LITTLE WHALE, INC.



Principal Place of Business

105 NE 25 STREET

MIAMI FL 33137

Mailing Address

1521 ALTON ROAD

STE 100

MIAMI FL 33139

11041460



2. Principal Place of Business

105 NE 25th Street

3. Mailing Address

105 NE 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Miami Florida

City & State

Miami Florida

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-1132972

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARIVEL, STEVE

320 NE 23 STREET

MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete

NAME HARIVEL, STEVE
STREET ADDRESS 320 NE 23 STREET
CITY-ST-ZIP MIAMI FL 33137

TITLE VT ☐ Delete

NAME HARIVEL, LIESEL
STREET ADDRESS 320 NE 23 STREET
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition

NAME Harivel, Steve
STREET ADDRESS 105 NE 25th Street
CITY-ST-ZIP Miami FL 33137

TITLE VT ☒ Change ☐ Addition

NAME HARIVEL, LIESEL
STREET ADDRESS 105 NE 25th Street
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

4/29/03 305) 7880154

CR2E034 (10/02)