

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90054 018 \*\*\*150.00

DOCUMENT # P01000052937

1. Entity Name  
 HARLEQUIN, INC.

Principal Place of Business  
 182 MADEIRA AVE  
 CORAL GABLES FL 33134

Mailing Address  
 182 MADEIRA AVE  
 CORAL GABLES FL 33134

2. Principal Place of Business

14490 SW 41 ST

3. Mailing Address

14490 SW 41 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI F

City &amp; State

MIAMI FL

4. FEI Number

65-1119519

Applied For

Not Applicable

Zip

33027

Country

Broward

Zip

33027

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGE, JOHN

 182 MADEIRA AVE  
 CORAL GABLES FL 33134

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, 2002 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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D LAGE, JOHN  
 182 MADEIRA AVE  
 CORAL GABLES FL 33134

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Liset Lantigua  
 14490 SW 41 ST  
 MIAMI FL 33027

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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

Date

Daytime Phone #

305-55671040

CR2034 (9/01)