FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90008 013 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052937

1. Entity Name
HARLEQUIN, INC.

90139412

Principal Place of Business	Mailing Address
14490 SW 41 ST. MIRAMAR, FL 33027	14490 SW 41 ST. MIRAMAR, FL 33027

2. Principal Place of Business	3. Mailing Address
9425 SW 114 St	9425 SW 114 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Fl	City & State Miami Fl
Zip 33176 Country US	Zip 33176 Country US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1119519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAGE, JOHN
182 MADEIRA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name: Liset Lantigua
Street Address (P.O. Box Number is Not Acceptable): 9425 SW 114 St
City: Miami FL Zip Code 33176

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGE, JOHN 182 MADEIRA AVE CORAL GABLES, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANTIGOU, LISET 14490 SW 41 ST. MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Liset Lantigua 9425 SW 114 St Miami Fl 33176	☑ Change ☐ Addition
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CR2E034 (10/02)

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] 6/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #