

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90091 045 \*\*\*150.00

DOCUMENT # **PO1000067899** ✓  
1. Entity Name  
**HARUN BARHA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>19633 STAR ISLAND DR.</b>		3. Mailing Address <b>19633 STAR ISLAND DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>	4. FEI Number <b>65-1132911</b>	
Zip <b>33498</b>	Country	Zip <b>33498</b>	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	7. Name and Address of Current Registered Agent	
	Name <b>SHANE, TIM A. ESQ.</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2235 GLADES ROAD</b>	
	Suite <b>236 W</b>	
	City <b>BOCA RATON</b>	FL Zip Code <b>33431</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting.) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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>PRESIDENT HARUN BARHA 19633 STAR ISLAND DR. BOCA RATON, FL 33498</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)