

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-28-2003 90070 005 ***150.00

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AV

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000043069

Entity Name

HARBEN AMERICAN, CORP.



Principal Place of Business
9480 TANGERINE PL #104
PLANTATION FL 33324

Mailing Address
9480 TANGERINE PL #104
PLANTATION FL 33324

2. Principal Place of Business

311 NW 87 DR

Suite, Apt. #, etc.

APT 210

City & State

PLANTATION FL

Zip

33324

Country

3. Mailing Address

311 NW 87 DR

Suite, Apt. #, etc.

APT 210

City & State

PLANTATION FL

Zip

33324

Country

4. FEI Number

010654800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

PENARANDA, ITALO

9480 TANGERINE PL #104

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. 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 renewing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.07(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:

ITALO PENARANDA

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

954 3038554

Daytime Phone #