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

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## FILED Feb 21, 2003 8:00 am Secretary of State

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DOCUMENT # P02000131908  1. Entity Name LEE HARARY, C.P.A., P.A.									32 3,					
Principal Place of Business 1601 EAST AMELIA STREET ORLANDO FL 32603 US				Mailing Address 1601 EAST AMELIA STREET ORLANDO FL 32803 US										
2. Principal Place of Business				3. Mailing Address				T I SAMERINE TO BERTON LEDICI AND HE ORSHE BREIDE KRUSH CINET HENDE HEIZH ARIBE I DUZ HARF						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						_
City & State			City & State				27 - 003 2 140				plied For at Applicable			
Zip	Zip Country		Zip		Coun	Country		5. Certificate of Status Desired						
		and Address of Current I	Registere	ed Agent				7. Name and Ad				<u>t</u>		4
HARARY			-	and water the second	<del></del>						<u> </u>			
HARARY, LEE C.P.A. 1601 E. AMELIA STREET						Street A	ddress (P.	O. Box Number is	Not Accepta		<u></u> .			
ORLANDO														
						City					<b>-</b> L	ip Cod		
	e narned entity tions of registr	submits this statement for ered agent.	the purp	ose of changing its r	egistere	ed office or	r registere	d agent, or both, i	n the State of	Florida. 1	am famili	ar with,	and accept	
SIGNATURE		•						4		DAI				
		or printed name of registered agent a	uc twe n state	NCable. (NOTE:	Hegistere	Agent signat	nie iednied w	when reinstating)			···			-
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									on Campaign Fund Contribu	_			O May Be to Fees	
10.	OFFICERS AND I	11.	•		ADDITIONS/CH	IANGES TO O	FFICERS A	AND DIRE	CTORS	S IN 11	+			
TITLE	D			☐ Delete								Change	Addition	8
NAME	HARARY, LEE C.P.A.					NAME								) j
STREET ADDRESS CITY+ST-ZIP	1601 E. AMELIA STREET		•			STREET ADDRESS CITY-ST-ZIP					•			8
TITLE	ORLANDO FL 32803			☐ Delete		TITLE						Change	☐ Addition	CR2E034 (10/02)
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NAME Street Adoress					NAME	T ADDRESS								1

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 employered 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATION OF PROPERTY WAS OF SIGNING OFFICER CONTRECTOR

23/03

407-895-3636