

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91285 039 \*\*\*150.00

**DOCUMENT # P92000006551**

1..Entity Name

**HARBIE DEVELOPMENT, INC.**

Principal Place of Business C/O STEPHEN A. FREEMAN ESO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131 US	Mailing Address C/O STEPHEN A. FREEMAN ESO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10200 N.W. 25th St.	3. Mailing Address 10200 NW 25th St.
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Suite, Apt. #, etc. #205	Suite, Apt. #, etc. #205
City & State Miami, FL	City & State Miami FL

4. FEI Number 65-0371591	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33172	Country	Zip 33172	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6.. Name and Address of Current Registered Agent  FREEMAN, STEPHEN A 520 BRICKELL KEY DR SUITE 0-305 MIAMI FL 33131	7. Name and Address of New Registered Agent		
	Name YOUSSEF HARBIE		
	Street Address (P.O. Box Number is Not Acceptable) 10200 N.W. 25th St. #205		
	City Miami FL	FL	Zip Code 33172

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 reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00.</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARBIE, JOSEPH 2200 NW 102 AVE 10200 NW 25th St. MIAMI FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HARBIE, MIKHAEL 2200 NW 102ND AVE 10200 NW 25th St. MIAMI FL 33131 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, STEPHEN A ESO 520 BRICKELL KEY DR., 0-305 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR