

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90121 047 ***150.00

DOCUMENT # P93000021491



1. Entity Name
HARDING POINT APARTMENTS, INC.

Principal Place of Business
**18820 W DIXIE HWY
N. MIAMI BEACH FL 33180
US**

Mailing Address
**18820 W DIXIE HWY
N MIAMI BCH FL 33180
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

20941 N.E 21 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Miami FL

4. FEI Number

65-0398011

Applied For

Not Applicable

Zip

Country

Zip

33179

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATTAS, SHLOMO
18820 W DIXIE HWY
N. MIAMI BEACH FL 33180**

Name

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

City

FL

Zip Code

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, 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 \$650.00

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	PDS ATTAS, SHLOMO 18820 W. DIXIE HWY N. MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZ, ACHIAZ 18820 W DIXIE HWY NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATTAS, LILY 18820 W. DIXIE HWY NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 **305-788-6356**
Date Daytime Phone #

CR2E034 (10/02)