

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90158 044 ***150.00

DOCUMENT # P93000077740

1. Entity Name
HARVEST VALLEY, INC.



Principal Place of Business
**2900 NW 75TH ST
MIAMI FL 33147
US**

Mailing Address
**2900 NW 75TH ST
MIAMI FL 33147
US**



2. Principal Place of Business
2900 NW 75th ST
Suite, Apt. #, etc.

3. Mailing Address
2900 NW 75th ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33147 Country
Dade

City & State
Miami, FL
Zip
33147 Country
Dade

4. FEI Number **65-0449872**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAO, TAI M
12177 NW 9TH DR.
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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 **Yi-Hsin Liu CHAO**
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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **CHAO, TAI M** ☐ Delete
STREET ADDRESS **12177 NW 9TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **DVP** ☐ Delete
STREET ADDRESS **ROSA, BARRY**
CITY-ST-ZIP **10210 NW 5TH STREET**
PEMBROKE PINES FL 33026

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **T** ☐ Delete
STREET ADDRESS **CHAO, YI-HSIU LIU**
CITY-ST-ZIP **12177 NW 9TH DRIVE**
CORAL SPRINGS FL 33071

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE: **Yi-Hsin Liu CHAO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03

CR2E034 (10/02)