

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

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90021 029 ***150.00

DOCUMENT # P94000001964

1. Entity Name

HARRISONBURG, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

821 N.W. 6TH STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

65-0459419

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FIDY GHASSAN

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

4174 INVERRARY DRIVE #710

City

FT. LAUDERDALE

FL

Zip Code

33319

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	FIDY GHASSAN	4174 INVERRARY DRIVE #710	FT. LAUDERDALE, FL 33319
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-2002 454 761.9868

Abraham
W. B. D. Accounting, Inc.

871172

#79400000 P64

10001 N.W. 50th Street
Suite 204
Sunrise, FL 33351

(954) 746-0156
Fax: (954) 746-7690

September 5, 2002

Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: HARRISONBURG, INC.
EIN: 65-0459419

Dear Sir or Madam:

Please be advised that we represent the above referenced client. Upon review of our records, we found that our client never received his Uniform Business Report. Upon learning of this, our client called your office and was told to submit a Report with a \$150.00 fee and a letter requesting a one-time exemption of waiver for the reinstatement fee.

To this end, we enclose the UBR and a check for this amount. We thank you for your attention to this matter and for your indulgence in this case. If you have any questions, or need additional information, please contact us.

Very Truly Yours,
W.B.D. Accounting, Inc.



David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client