

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2000 8:00 am**
Secretary of State

01-28-2000 90200 048 ***150.00

708503



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000012713

1. Entity Name

HARBIE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2315 N.W. 107 AVE.
1M43
MIAMI FL 331722315 N.W. 107 AVE.
1M43
MIAMI FL 33172-2164

2. Principal Place of Business

3. Mailing Address

10200 N.W. 25th Street
Suite, Apt. #, etc.
20510200 N.W. 25th Street
Suite, Apt. #, etc.
205City & State
Miami FloridaCity & State
Miami, FloridaZip
33172

Country

Zip
33172

Country

4. FEI Number

65-0519224

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HARBIE, MIKHAEL
2315 N.W. 107 AVE.
1M43
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name Harbie, Mikhael

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

10200 N.W. 25th Street # 205

City Miami

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HARBIE, MIKHAEL
STREET ADDRESS 2315 N.W. 107 AVE., # 1M43
CITY-ST-ZIP MIAMI FL 33172 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)