

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91843 010 ***150.00

DOCUMENT # P94000048561

1. Entity Name
H.A.R. CORE, INC.



Principal Place of Business

4138 OBISPO AVE

CORAL GABLES FL 33134

Mailing Address

4138 OBISPO AVE

CORAL GABLES FL 33134

2. Principal Place of Business

5773 SW 49 ST

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Address

5773 SW 49 ST.

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0513258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS, OLGA M

4138 OBISPO AVE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAME

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

5773 S.W. 49 ST.

City

MIAMI

FL

Zip Code

33155

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

OLGA M. LUIS, DIRECTOR

4/24/03

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

TITLE NAME ☐ Delete

D GUERRERO, LEONOR
5465 N BAY ROAD
MIAMI BEACH FL 33140

TITLE NAME ☐ Delete

D KONTZAMANY, STEPHANIE
2701 COLUMBUS BLVD
CORAL GABLES FL 33134

TITLE NAME ☐ Delete

D LUIS, OLGA M
300 SUNRISE DR # 3D
KEY BISCAYNE FL 33149

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

5773 SW 49 ST.
MIAMI, FL 33155

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

LEONOR GUERRERO 4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)