

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066926

1. Entity Name

HARBOR LIGHTS OF PALM BEACH, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 047 ***150.00

Principal Place of Business

21000 BOCA RIO RD
A 18
BOCA RATON FL 33433
US

Mailing Address

21000 BOCA RIO RD
A 18
BOCA RATON FL 33433-1504
US

2. Principal Place of Business

3. Mailing Address

3375 West Hillsboro Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

Zip

Country

Zip

Country

33442

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0522850

Applied For

Not Applicable

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

RUBIN, STEVEN

21000 BOCA RIO ROAD, A18
BOCA RATON FL 33433

Name

Steven Rubin

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

3375 West Hillsboro Blvd

City

Deerfield Beach

FL

Zip Code

33442

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

4/24/00

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 State

10. 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 VP
NAME STEVE RUBIN
STREET ADDRESS 22257 COLLINGTON DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME ALLISON RUBIN
STREET ADDRESS 22257 COLLINGTON DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 954424288

Daytime Phone #