2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
08-21-2001 90033 038 ***550.00

DOCUMENT # P95000052212

1. Entity Name
HAR EQUIPMENT, INC.

Principal Place of Business	Mailing Address
%Miami Corporate Systems, Inc. 5200 Blue Lagoon Drive, Ste. 700 Suite 700 Miami, FL 33126	%Miami Corporate Systems, Inc. 5200 Blue Lagoon Drive Suite 700 Miami, FL 33126

A0082413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
283 Catalonia Avenue	283 Catalonia Avenue
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 65-0594051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Miami Corporate Systems, Inc.
5200 Blue Lagoon Drive
Suite 700
Miami, FL 33126

7. Name and Address of New Registered Agent

Name: Miami Corporate Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor
City: Coral Gables FL Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS Rivas, Henry P 5200 Blue Lagoon Drive, Ste. 700 Miami, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS Rivas, Henry P 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Rivas, Rigo P 5200 Blue Lagoon Drive, Ste. 700 Miami, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Rivas, Rigo P 283 Catalonia Avenue, 2nd Floor Miami, FL 33126	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Rivas, Alberto P 5200 Blue Lagoon Drive, Ste. 700 Miami, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Rivas, Alberto P 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	X ☐ Change ☐ Addition
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CR2E034 (11/00)

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: _____ 8-10-01 (305) 476 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #