

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052409

1. Entity Name

HARBINGER, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90054 022 ***150.00

Principal Place of Business 777 SOUTH FLAGLER DRIVE SUITE 310 EAST W PALM BEACH FL 33401 US	Mailing Address 777 SOUTH FLAGLER DRIVE SUITE 310 EAST W PALM BEACH FL 33401-6161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5455 N. Federal Hwy Suite, Apt. #, etc. Suite 0	3. Mailing Address 5455 N. Federal Hwy Suite, Apt. #, etc. Suite 0
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City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 65-0605177	Applied For <input type="checkbox"/> Not Applicable
Zip 33487	Country USA	Zip 33487	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALOVIN, ALLAN 777 SOUTH FLAGLER DRIVE SUITE 310 EAST WEST PLAM BEACH FL 33401
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7. Name and Address of New Registered Agent Name: Kim Bregman Street Address (P.O. Box Number is Not Acceptable): 5455 N. Federal Hwy Suite 0 City: Boca Raton FL Zip: 33487
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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: Kim N. Bregman 1/25/00
(NOTE: Registered Agent signature required when re-stating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP BREGMAN, KIM N 5455 N FEDERAL HWY, STE 0 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, NANCY L 5455 N FEDERAL HWY, STE 0 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kim N. Bregman 1/25/00 861-989-93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #