

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90189 050 ***150.00



☐ CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| DOCUMENT # P95000059322 | |
| 1. Entity Name HARAPHEN PROPERTIES, INC. | |
| Principal Place of Business %MARIO G. DE MENDOZA, III 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON FL 33414 | Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
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| 4. FEI Number 65-0608319 | Applied For <input type="checkbox"/> Not Applicable |
| 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 DE MENDOZA, III, MARIO G ESQ. 251 ROYAL PALM WAY, SUITE 602 PALM BEACH FL 33480 | 7. Name and Address of New Registered Agent Name <u>Mario G. de Mendoza, III, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12765 Forest Hill Boulevard, Suite 1302</u> City <u>Wellington</u> <u>FL</u> Zip Code <u>33414</u> |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] Mario G. de Mendoza, III, President 01/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD O'HARA, STEPHEN D 1364 HWY 441 SE OKEECHOBEE FL 34974 <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 | VSD O'HARA, BERNARD F 1364 HWY 441 SE OKEECHOBEE FL 34974 <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 |
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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: [Signature] Stephen D O'Hara, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 357-1520

Date

Daytime Phone #

CR2E034 (10/02)