

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90003 030 ***150.00

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DOCUMENT # P96000030594

1. Entity Name
HARBOUR GALLERY, INC.

Principal Place of Business: **3020 -30TH LANE LAKE WORTH FL 33463 US**
 Mailing Address: ~~11880 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410~~
- SAME -

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **3020 30 LANE Lake Worth FL 33463**
 Suite, Apt. #, etc.: **3020 30 LANE**
 City & State: **Lake Worth**
 City & State: **Lake Worth**
 Zip: **33463** Country: **Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0713932** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **MEROLA, JAMES R 11380 PROSPERITY FARMS RD. #204 PALM BEACH GARDENS FL 33410**
 7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANKEL, KENNETH		NAME:	
STREET ADDRESS: 3020 -30TH LANE		STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL 33463	SAME	CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:	NONE	CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:	NONE	CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:	NONE	CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:	NONE	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: *Benjamin Frankel* Date: 4/19/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)