2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 15, 2002 8:00 am Secretary of State **DOCUMENT #** P97000063916 1. Entity Name 07-15-2002 90197 042 ***558.75 HARBOUR POINTE DEVELOPMENT CORP. Principal Place of Business Mailing Address 1251 NE 108TH ST. 1251 NE 108TH ST. MIAMI FL 33161 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0770192.... Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CECIL, ANTHONY P Street Address (P.O. Box Number is Not Acceptable) 1291 NE 108TH ST. **MIAMI FL 33161** City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME CECIL, ANTHONY P NAME STREET ADDRESS 1251 NE 108TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME HACKNEY, DHONA NAME STREET ADDRESS 1251-NE-108TH-ST-STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP TITLE Delete UP JULIO CARAL TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS IDVINE 108 TH ST CITY-ST-ZIP CITY-ST-ZIP HIA FLA 3316/ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 requirement of the corporation of

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP