

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 19 #6 (2) P97000077986 (2)

1. Entity Name
HARRIS" ANGELS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90148 032 ***150.00

Principal Place of Business Mailing Address
16820 N.W. 17th Ave. 17021 N.W. 18th Ave
Miami Fl 33056 Carol City Fl 33056

UUUJ4661

2. Principal Place of Business 3. Mailing Address
6820 N.W. 17th Ave 17021 N.W. 18th Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Carol City Fl 33056 Carol City Fl. 33056

4. FEI Number Applied For
EIN 65-0785426 Not Applicable

Zip Country Zip Country
33056 Dade 33056 Dade

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Norma Harris
17021 N.W. 18th Ave
Carol City Florida 33056

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 Norma Harris 5/1/00
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 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	PVST	<input type="checkbox"/> Delete
NAME	Norma Harris	
STREET ADDRESS	17021 N.W. 18th Ave	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	Harris, Norma	
STREET ADDRESS	17021 N.W. 18th Ave	
CITY-ST-ZIP	Carol City Florida 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
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: Norma Harris 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)