

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90552 001 ***150.00
07-04-2002 90552 002 ****17.50

DOCUMENT # **P97000077986**

1. Entity Name

HARRIS' ANGELS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16820 N.W. 17th AVE

Suite, Apt. #, etc.

CAROL City

City & State

Florida

Zip

33056

Country

DADE

3. Mailing Address

17021 N.W. 18th AVE

Suite, Apt. #, etc.

CAROL City FL

City & State

CAROL City FL

Zip

33056

Country

DADE

4. FEI Number

65-0785426

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARRIS, NORMA

Street Address (P.O. Box Number is Not Acceptable)

17021 N.W. 18th AVE

City

CAROL

FL

Zip Code

33056

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-28-02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
HARRIS, NORMA
17021 N.W. 18th AVE
CAROL City FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
HARRIS, John H.
17021 N.W. 18th AVE
CAROL City FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
SHAQUIVIA Alvin
611 N.W. 17th St #207
Miami, FL 33169**

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-28-02 305-
621-2669**

CR2E034B (12/01)