

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000013015**

1. Entity Name

HARMONY 2000, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90216 034 ***150.00

Principal Place of Business 350 GOLF BROOK CIRCLE #204 LONGWOOD FL 32779 US	Mailing Address 350 GOLF BROOK CIRCLE #204 LONGWOOD FL 32779 US
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2. Principal Place of Business 3080 GRAND BAY BLVD	3. Mailing Address 3080 GRAND BAY BLVD
Suite, Apt. #, etc. # 522	Suite, Apt. #, etc. # 522

City & State LONGBOAT KEY, FL	City & State LONGBOAT KEY, FL
Zip 34228	Country USA

4. FEI Number 59-3583248	Applied For <input type="checkbox"/> Not Applicable
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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 GOODBLATT, AMY E 221 NE IVANHOE BLVD, STE 205 ORLANDO FL 32804
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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 _____
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAKOFF, SERGE B 350 GOLF BROOK CIRCLE # 204 LONGWOOD FL 32779
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAKOFF, SERGE B 3080 GRAND BAY BLVD, #522 LONGBOAT KEY, FL 34228
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> 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 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:**SERGE B. POLAKOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01/15/2001**
Date**941-383-6710**
Daytime Phone #

CR2E034 (10/00)