

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018751

1. Entity Name

HARVAIRE, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90081 004 ***150.00

Principal Place of Business

830 ELWOOD AVENUE #6
ORLANDO FL 32804

Mailing Address

830 ELWOOD AVENUE #6
ORLANDO FL 32804-7251

2. Principal Place of Business

830 ELLWOOD AVENUE

3. Mailing Address

830 ELLWOOD AVENUE

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

City & State

4. FEI Number

59-3497198

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERNFELD

BERNFELD, HARVEY

830 ELLWOOD AVE #6

ORLANDO FL 32804

ELLWOOD AVE #6

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME BERNFIELD, HARVEY M
STREET ADDRESS 830 ELWOOD AVE #6
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE
NAME BERNFELD
STREET ADDRESS 830 ELLWOOD AVE #6
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ 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 receiver or trustee empowered to execute this report as required by Chapter 007, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.3-00 407 421 2692

CR2E034 (9/99)