

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90157 024 \*\*\*150.00

**DOCUMENT # P98000018751**

1. Entity Name  
**HARVAIRE, INC.**

Principal Place of Business  
**830 ELWOOD AVENUE #6**  
**ORLANDO FL 32804**

Mailing Address  
**830 ELWOOD AVENUE #6**  
**ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6337 Nightwind Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6337 NIGHTWIND Circle**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**59-3497198**

Applied For  
 Not Applicable

Zip  
**32818** Country  
**USA**

Zip  
**32818** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BERNFELD, HARVEY**  
**830 ELMWOOD AVE #6**  
**ORLANDO FL 32804**

**7. Name and Address of New Registered Agent**

Name  
**HARVEY BERNFELD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6337 NIGHTWIND CIRCLE**  
 City  
**ORLANDO** FL Zip Code  
**32818**

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: *Harvey Bernfeld* DATE: 04.03.02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERNFELD, HARVEY M 830 ELWOOD AVE #6 ORLANDO FL 32804 <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
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	DPST BERNFELD, HARVEY M 6337 NIGHTWIND CIRCLE ORLANDO, FL 32818 <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
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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: *Harvey M. Bernfeld* DATE: 04.03.02 407 421-2692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)