

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

0128307 AV

DOCUMENT # P98000034696

1. Entity Name
HARBOR ONE REALTY, INC.

02-28-2002 90059 019 ***150.00

Principal Place of Business

**1495 OLD GRIFFIN ROAD
 FORT LAUDERDALE FL 33004**

Mailing Address

**1495 OLD GRIFFIN ROAD
 FORT LAUDERDALE FL 33004**



2. Principal Place of Business

1495 Old Griffin Rd.
 Suite, Apt. #, etc.

3. Mailing Address

1451 Old Griffin Rd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dania Beach FL

City & State

Dania Beach FL

4. FEI Number

65-1026518

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GRIFFIN, ZENNON

**1495 OLD GRIVIN ROAD
 FORT LAUDERDALE FL 33004**

7. Name and Address of New Registered Agent

Name

Richard Giroux

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

1451 Old Griffin Rd.

City

Dania Beach

FL

Zip Code

33004

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

Richard Giroux Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-02

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 **President** ☐ Delete
 NAME **Richard Giroux**
 STREET ADDRESS **6 John Matthews Rd.**
 CITY-ST-ZIP **Hopkinton Ma 01748**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Richard Giroux
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-02 954 924 9444

CR2E034 (9/01)