

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90110 029 ***150.00

DOCUMENT # P98000049080

1. Entity Name

HARDAN ENTERPRISES, INC.

Principal Place of Business

**1450 MADRUGA AVE.SUITE 400
 CORAL GABLES FL 33146**

Mailing Address

**1450 MADRUGA AVE.SUITE 400
 CORAL GABLES FL 33146**

2. Principal Place of Business

250 BIRD ROAD

3. Mailing Address

250 BIRD ROAD

Suite, Apt. #, etc.

#320

Suite, Apt. #, etc.

#320

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

DADE

Zip

33146

Country

DADE

4. FEI Number

65-0840069

Applied For

Not Applicable

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

HARDAN, NAZIH B

**1450 MADRUGA AVE,SUITE 400
 CORAL GABLES FL 33146**

Name

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

250 BIRD ROAD

#320

City

CORAL GABLES

FL

Zip Code
33146

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
 NAME **HARDAN, NAZIH B**
 STREET ADDRESS **1450 MADRUGA AVE,SUITE 400**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **HARDAN, NAZIH B.**
 STREET ADDRESS **250 BIRD ROAD, #320**
 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33146**

TITLE **DVP** ☐ Delete
 NAME **HARDAN, YOLANDE A**
 STREET ADDRESS **1450 MADRUGA AVE STE 400**
 CITY-ST-ZIP **MIAMI FL 33146**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **HARDAN, YOLANDE A.**
 STREET ADDRESS **250 BIRD ROAD, #320**
 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAZIH B. HARDAN

Date

4/16/01

Daytime Phone #

(305) 444-6061

CR2E034 (10/00)