## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P98000062305 1. Entity Name HARBOUR PROFESSIONAL CENTRE, INC. 03-28-2001 90218 013 \*\*\*150.00 Principal Place of Business Mailing Address JACK LUPO JACK LUPO 190 WEST GLADES ROAD #A 190 WEST GLADES ROAD #A **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0862830 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUPO, JACK Street Address (P.O. Box Number is Not Acceptable) C/O 190 WEST GLADES ROAD SUITE C **BOCA RATON FL 33432** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** ☐ Change Addition TITLE ☐ Defete TITLE NAME LUPO, JACK STREET ADDRESS STREET ADDRESS 190 WEST GLADES ROAD #A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE X Change ☐ Addition NAME JOHNS, JAMES NAME STREET ADDRESS 399 WEST PALMETTO PARK ROAD #102 STREET ADDRESS 1 Harbourside Drive #3104 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Delray Beach, FL 33483 TITLE TITLE x☐ Change ☐ Addition ☐ Defete NAME NAME KORPECK, LAWRENCE 200 Glades Road, Suite 1 STREET ADDRESS STREET ADDRESS 9980 CENTRAL PARK BOULEVARD #124 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, F1-33432 **BOCA RATON FL 33428** ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Lupo

3/26/01

(561) 395-7410