

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

04-17-2002 90116012 \*\*\*150.00  
P98000079021

DOCUMENT # P98000079021  
1. Entity Name HARRIS Environmental Safety Consultants, INC.

**FILED**

02 JUN 14 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>305 NW 203 Ter</u> Suite, Apt. #, etc. <u>NONE</u> City & State <u>Miami, FL</u> Zip <u>33169</u> Country <u>USA</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>NONE</u> City & State <u>SAME</u> Zip <u>SAME</u> Country <u>SAME</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0858199</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name Arnold F. Harris

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

305 NW 203 Ter

City Miami

FL

Zip Code 33169

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>President</u> <u>Arnold F. Harris</u> <u>305 NW 203 Ter</u> <u>Miami, FL 33169</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Clara B. Duquoi - Harris</u> <u>305 NW 203 Ter</u> <u>Miami, FL 33169</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arnold F. Harris

4/5/02

(305) 653-9428

CR2E034B (12/01)