## FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90210 006 \*\*\*150.00

DOCUMENT # P98000074152  1. Ently Name HARBOR KEY CORP.									
Principal Place of Business Mailing Address 201 S. BISCAYNE AVENUE, SUITE 2380 5050 WESTHEINER MIAMI, FL 33131 HOUSTON, TX 77056			<u>v</u> _1_	-	90116904				
t. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	ie	City & State		4		lumber 76-0617605	-		pplied For of Applicable
Zip	Country .	Zip	Country		5. Certi	ficate of Status Desired		8.75 Ad se Require	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Nam	e and Address of New I	Registered Ag	ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					(P.O. Box Number is Not Acceptable)				
				CITY			FL	Žip Coo	l <del>e</del>
200									
A A ARG	FILE NOW!! FEE 9 \$150 00 ; FNeV (72007 Fee Wilth \$550 0 R Payabe (CT G) by Departmen	0.14				Election Campaign Fi Trust Fund Contribute			IQ May Be d to Fees
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IKE DISCO	MB. 1,2003 Fee WH \$6 \$550 0 Paysols LOT GFDS Department OFFICERS AN P SUAREZ, YOLANDA 201 S. BISCAYNE BLVD., #236 MIAMI, FL 33131	D DIRECTORS Delete	TITLE HAME STREET / CITY-ST TITLE NAME	ADDRESS		Trust Fund Contribute	FICERS AND E	Added NRECTOR Change	S IN 11 Addition
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## 2003 FOR PROFIT CORPORATION AHachment UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name HARBOR KEY CORP.  P98000074152							90116964				
201 S. BISCAYNE AVENUE. SUITE 2380 505				Mailing Address 5050 WESTHEIMER HOUSTON TX 77056							
2. Principal Place of Business			3. Mailing Address			<del></del> -					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	76-0617605	<del></del>	Applied For Not Applicable	
Zip 			Zip			try		Fee Re			dditional red
	6. Name	and Address of Current	Register	ed Agent		Name		7. N	Name and Address of New Registered	1 Agent	<del></del>
CORPORATION SERVICE COMPANY						<u></u>	Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301						<u> </u>					
						City			F	L Zip Co	de
	named entity		the purp	pose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of Florida. I an	n familiar with	, and accept
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if app	plicable. (NOTE	: Registere	d Agent signatu	re required	when rei	instating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			,					Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 11
TITLE	P	VOLANDA		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			ST		NAM STRE	TREET ADORESS BTY-ST-ZIP					ļ
CITY-ST-ZIP											
TITLE	TS			□ Delete	TITLE				······································	☐ Change	Addition
NAME STREET ADDRESS	FAILING, HARRY 8 8323 S.W. FREEWAY #455			NAM STRE	ME						
CITY-ST-ZIP	HOUSTON	TX 77074				-ST-ZIP					
TITLE	D			☐ Delete	TITLE			_		☐ Change	Addition
NAME CTREET ADDRESS	STANFORD, ALLEN R				NAME STREET ADDRESS				ı		
STREET ADDRESS CITY-ST-ZIP					ST-ZIP						
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NAME				NAME						,	
STREET ADDRESS CITY-ST-ZIP	-					ET ADDRESS -ST-ZIP					İ
TITLE		<del></del>		Delete	TITLE					☐ Change	☐ Addition
NAME					NAMI	1					
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				<u> </u>		ST-ZIP					
TITLE				Delete	TITLE					Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #