

DOCUMENT # P98000078531

1. Entity Name

THE HARMS GROUP LIMITED, INC.

Principal Place of Business  
3100 NORTHEAST 29 STREET  
UNIT 201  
FORT LAUDERDALE FL 33308

Mailing Address  
3100 NORTHEAST 29 STREET  
UNIT 201  
FORT LAUDERDALE FL 33308

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90011 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3300 E. OAKLAND PK  
Suite, Apt. #, etc. 13UD

3300 E. OAKLAND PK  
Suite, Apt. #, etc. 13UD

City & State

City & State

FT. LAUDERDALE

FT. LAUDERDALE

Zip

Country

33308

FLORIDA

Zip

Country

33308

FLORIDA

4. FEI Number

65-0862456

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD HARMS, MARKS 3100 NORTHEAST 29 STREET, UNIT 201 FORT LAUDERDALE FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

Date

Daytime Phone #

MARK HARMS, PRESIDENT 1/5/2001 954 567 2107

CR2E034 (10/00)