

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103790

1. Entity Name
HARLEY INVESTMENTS INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90055 050 ***550.00

B0106401



DO NOT WRITE IN THIS SPACE

Principal Place of Business % 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES FL 33134	Mailing Address % 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES FL 33134
---	---

2. Principal Place of Business 255 Alhambra Circle Suite, Apt. #, etc. 425	3. Mailing Address 255 Alhambra Circle Suite, Apt. #, etc. 425
---	---

City & State Coral Gables	City & State Coral Gables
Zip 33134	Zip 33134
Country	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONTRERAS, GILBERT A ESQ.
% 1401 PONCE DE LEON BLVD., SUITE 401
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Gilbert A. Contreras
Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle, suite 425
City Coral Gables FL Zip Code 33134

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 Gilbert A. Contreras DATE 9/8/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ARTURO % 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTREROS, GILBERT % 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hernan V. Vepes c/o Gilbert Contreras 255 Alhambra, Suite 425 Coral Gables FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Gilbert A. Contreras, Secretary 9/8/00 (305) 529-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)