

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016723

1. Entity Name
HARLEM COMMUNITY STORE, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 003 ***550.00

Principal Place of Business
349 N.W. 16TH ST. STE. 108
BELLE GLADE FL 33430

Mailing Address
349 N.W. 16TH ST. STE. 108
BELLE GLADE FL 33430

2. Principal Place of Business
901 10th street

3. Mailing Address
349 N.W. 16th St
Suite 108



DO NOT WRITE IN THIS SPACE

City & State
Clewiston Fla

City & State
Belle Glade, Fla

4. FEI Number
65-0908778

Applied For
Not Applicable

Zip
33440

Country
Hendry

Zip
33430

Country
Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARRIS, MARY
1206 FLORIDA AVE.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent
Name: DAN PAIGE, SR.
Street Address (P.O. Box Number is Not Acceptable): 349 N.W. 16th St
Suite 108
City: Belle Glade FL Zip Code: 33430

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/00
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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAIGE, D R 157 PARKWOOD DR. ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PAIGE, LINDA 157 PARKWOOD DR. ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRIS, MARY P.O. BOX 357 CLEWISTON FL 33440 <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

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 349 N.W. 16th St. #108 Belle Glade Fla. 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 349 N.W. 16th St. #108 Belle Glade, Fla. 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer [Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Michael Kerr P.O. Box 3128 Clewiston, Fla. 33440
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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00
Date

561-996-4255
Daytime Phone #

CR2E034 (5/00)