

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-08-2000 90005 003 ***550.00

DOCUMENT # P99000016723

1. Entity Name
HARLEM COMMUNITY STORE, INC.

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

City & State
Clewiston Fla

City & State
Belle Glade, Fla

4. FEI Number
65-0908778

Applied For
 Not Applicable

Zip
33440

Country
Mendry

Zip
33430

Country
Palm Beach

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



DO NOT WRITE IN THIS SPACE

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 **D Ann 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/5/00**

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	<input type="checkbox"/> Delete
P	PAIGE, D R	157 PARKWOOD DR.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
VS	PAIGE, LINDA	157 PARKWOOD DR.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
	PARRIS, MARY	P.O. BOX 357	CLEWISTON FL 33440	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		349 N.W. 16th St. #108	Belle Glade, Fla. 33430	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Treasurer			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Treasurer	Michael Kerr	P.O. Box 3128	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Clewiston, Fla. 33440	<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 **7/5/00**

Daytime Phone # **561-996-4255**

CR2E034 (5/00)