

DOCUMENT # P99000016723

1. Entity Name
HARLEM COMMUNITY STORE, INC.

Principal Place of Business
901 10TH STREET
CLEWISTON FL 33440

Mailing Address
349 NW 16TH STREET
STE 108
BELLE GLADE FL 33430

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90048 049 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0908778 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAIGE, DAN SR
349 NW 16TH STREET
STE 108
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent
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	
TITLE	<input type="checkbox"/> Delete
NAME	P PAIGE, D R
STREET ADDRESS	349 NW 16TH STREET #108
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	<input type="checkbox"/> Delete
NAME	T PAIGE, LINDA
STREET ADDRESS	349 NW 16TH STREET # 108
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	<input checked="" type="checkbox"/> Delete
NAME	T PARRIS, MARY
STREET ADDRESS	P.O. BOX 357
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete
NAME	KERR, MICHAEL
STREET ADDRESS	PO BOX 3128
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Paige
STREET ADDRESS	349 N.W. 16th St. #108
CITY-ST-ZIP	Belle Glade, Fl. 33430
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Michael Kerr
CITY-ST-ZIP	P.O. Box 3128, Clewiston Fl. 33440
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

01/03/01
Date Daytime Phone #

CR2E034 (10/00)