

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020790

1. Entity Name

J.K. HARBOUR, INC.

R

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90653 007 ***150.00

| | |
|--|--|
| Principal Place of Business C/O KEITH MACK LLP 200 SOUTH BISCAYNE BLVD.. 20TH FLOOR MIAMI FL 33131-2310 | Mailing Address C/O KEITH MACK LLP 200 SOUTH BISCAYNE BLVD.. 20TH FLOOR MIAMI FL 33131-2310 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 9700 COLLINS AVE. | 3. Mailing Address 398 ISLA DORADA BLVD. |
|---|---|

| | |
|------------------------------|---------------------|
| Suite, Apt. #, etc. # 224 | Suite, Apt. #, etc. |
|------------------------------|---------------------|

| | |
|---------------------------------|-----------------------------------|
| City & State BAL HARBOUR FL. | City & State CORAL GABLES, FL. |
|---------------------------------|-----------------------------------|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 33154 | Country USA | Zip 33143 | Country USA |
|--------------|----------------|--------------|----------------|

| | | |
|-----------------------------|---|--|
| 4. FEI Number 65-0899486 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|-----------------------------|---|--|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131-2310

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | D MARIN-CHAPUIS, JACQUELINE C/O KEITH MACK LLP MIAMI FL 33131-2310 <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 |
| 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 | D MARIN-CHAPUIS, JACQUELINE 398 ISLA DORADA BLVD. CORAL GABLES, FL. 33143 <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 | <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 |
| 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: JACQUELINE MARIN-CHAPUIS 06/21/00 305-740991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6611103 (1/99)