

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020790

1. Entity Name  
J.K. HARBOUR, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 90015 025 \*\*\*150.00

C0027977



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6700 COLLINS AVE #224 BAL HARBOUR FL 33154	Mailing Address 398 ISLA DORADA BLVD BAL HARBOUR FL 33143
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2. Principal Place of Business 9700 COLLINS AVE. Suite, Apt. #, etc. #224	3. Mailing Address 398 ISLA DORADA BLVD. Suite, Apt. #, etc.
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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 \_\_\_\_\_  
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN-CHAPUIS, JACQUELINE C/O KEITH MACK LLP MIAMI FL 33131-2310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S JACQUELINE MARIN CHAPUIS 398 ISLA DORADA BLVD. CORAL GABLES, FL. 33143 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 02/23/01 305-7409042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)