

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 043 ***150.00

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DOCUMENT # P99000020790

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



Principal Place of Business
**201 S. BISCAYNE BLVD
SUITE 850
MIAMI FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD
SUITE 850
MIAMI FL 33131**



2. Principal Place of Business

9700 COLLINS AVENUE

3. Mailing Address

6915 RED ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

224

219

City & State

City & State

BAL HARBOUR, FL.

CORAL GABLES, FL.

Zip

Country

Zip

Country

33143 USA

33143 USA

4. FEI Number **65-0899486**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSSZ FIU CORPORATION
201 SOUTH BISCAYNE BLVD.
~~20TH FLOOR~~ SUITE # 850
MIAMI FL 33131-2310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **MARIN-CHAPUIS, JACQUELINE**
STREET ADDRESS **398 ISLA DORADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03 305-7409042
Date Daytime Phone #

CR2E034 (10/02)