2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000021322**

Country

DANIELS, NICHOLAS M ESQ.

9. This corporation is eligible to satisfy its Intangible

NOVAK, MADELINE

KOPEL, SUSAN

3 GROVE ISLAND

MIAMI FL 33133

KOPEL, LARRY

3 GROVE ISLAND

MIAMI FL 33133

2030 SOUTH OCEAN DRIVE

HALLANDALE FL 33009

Tax filing requirement and elects to do so.

THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400

MIAMI FL 33131

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

MADEHARRY, INC.

1. Entity Name

MIAMI FL 33131

City & State

Zip

SIGNATURE

11.

TITLE

NAME

3ITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 Mailing Address

THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131-1716

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

☐ Delete

☐ Oelete

☐ Delete

☐ Delete

Delete

12.

TITLE

NAME

THTLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

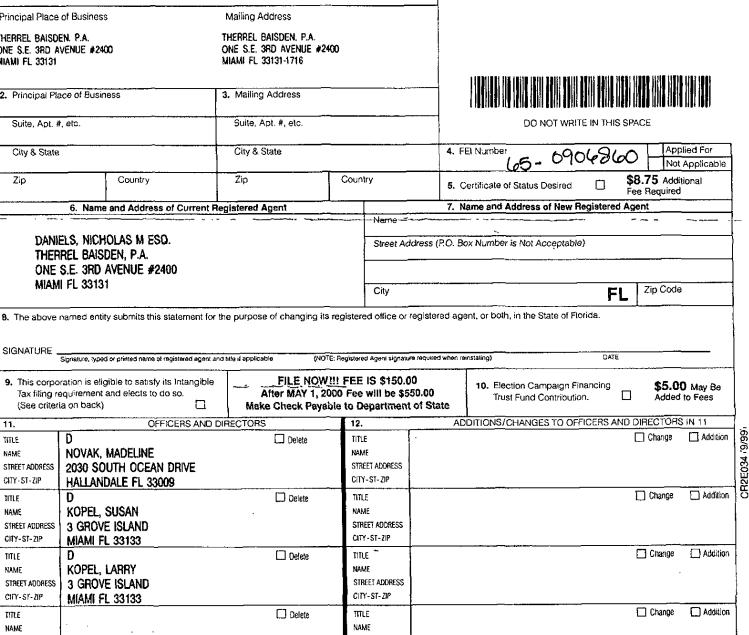
City

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

3/28

May 16, 2000 8:00 am Secretary of State

03-28-2000 90008 018 ***150.00



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.

☐ Change

☐ Change

☐ Addition

Addition