

5/28

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-28-2002 91758 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000021322** ✓

1. Entity Name

MADEHARRY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2030 SOUTH OCEAN DRIVE

3. Mailing Address
 2030 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

#1721

Suite, Apt. #, etc.

#1721

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

4. FEI Number
 65-0906858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DANIELS, NICHOLAS M. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
 THERREL BAISDEN, P.A.

ONE S.E. THIRD AVENUE, #2400

City

MIAMI

FL

Zip Code

33131

B. 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	NOVAK, MADELINE	2030 SOUTH OCEAN DRIVE, #1721	HALLANDALE, FL 33009				
D	KOPEL, SUSAN	3 GROVE ISLAND, #1708	MIAMI, FL 33133				
D	KOPEL, LARRY	3 GROVE ISLAND, #1708	MIAMI, FL 33133				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Madeline Novak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)