

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 005 ***150.00

0075144 AV

DOCUMENT # P99000035098

1. Entity Name
HARLAN MANAGEMENT & DEVELOPERS INC.



Principal Place of Business
**1526 NE 110TH ST.
MIAMI FL 33161**

Mailing Address
**1526 NE 110TH ST.
MIAMI FL 33161**

2. Principal Place of Business
1535 NE 129 ST

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OFFICE

City & State
NORTH MIAMI FL

City & State

Zip Country
33161 USA

Zip Country

4. FEI Number **65-0913340**

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

**BETTS, HARLAN
50 NE 129 ST
MIAMI FL 33161**

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 *Harlan Betts*
Signature, typed or printed name of registered agent and title if applicable.

HARLAN BETTS

04/24/03

DATE

(NOTE: Registered Agent signature required when reinstalling)

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 **P** ☐ Delete
NAME **BETTS, HARLAN**
STREET ADDRESS **1526 NE 110TH ST.**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **P** ☒ Change ☐ Addition
NAME **BETTS, HARLAN**
STREET ADDRESS **50 NE 129 ST**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Harlan Betts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARLAN BETTS **04/24/03** **305-899-9773**

Date

Daytime Phone #

CR2E034 (10/02)