## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000087361

HARRY'S WORLD, CORP.

Principal Place of Business 4101 PINE TREE DRIVE SUITE 1127

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI BEACH FL 33140

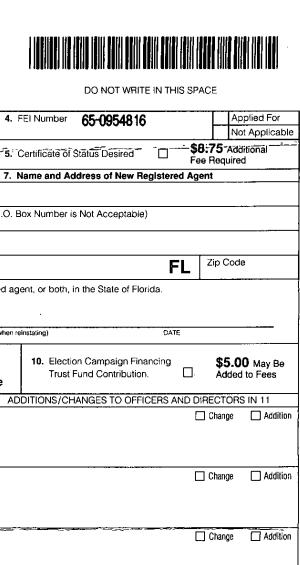
Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

4101 PINE TREE DRIVE SUITE 1127 MIAMI BEACH FL 33140

## **FILED** Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90109 010 \*\*\*150.00



City & State City & State Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name FISHBEIN, HARRY Street Address (P.O. Box Number is Not Acceptable) 4101 PINE TREE DRIVE SUITE 1127 MIAMI BEACH FL 33140 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. DPST TITLE ☐ Delete TITI F FISHBEIN, HARRY NAME NAME 4101 PINE TREE DRIVE SUITE 1127 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Delete TITLE TITLE FISHBEIN, ALLEN NAME NAME 98 GRANDE PASEO STREET ADDRESS STREET ADDRESS SAN RAFAEL CA 94903 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE SOLOMON, MONA NAME NAME 6148 SPRING HILL TERRACE STREET ADDRESS STREET ADDRESS **GREENBELT MD 20770** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR