

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62510

1. Entity Name

HARRY'S H.P.J., INC.

Principal Place of Business

520 EMMETT STREET
KISSIMMEE FL 34741

Mailing Address

520 EMMETT STREET
KISSIMMEE FL 34741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TOWNSEND, FRANK M.
520 EMMETT STREET
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME TOWNSEND, FRANK M.
STREET ADDRESS 2321 BUTTERNUT CT
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Delete

NAME DP
STREET ADDRESS LOWENSTEIN, JUDITH
CITY-ST-ZIP 136 EAST 64TH ST., APT 8B
NEW YORK NY

TITLE ☐ Delete

NAME SD
STREET ADDRESS GREENSTEIN, CORRINNE
CITY-ST-ZIP 9185 FLYNN CIRCLE, UNIT 1
BOCA RATON FL 33496

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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.

SIGNATURE:

Judith Lowenstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH LOWENSTEIN

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90032 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3076943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required