

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90008 026 ***150.00

DOCUMENT # V10952

1. Entity Name

HARRIS PROPERTIES INC.

Principal Place of Business

Mailing Address

1027 N FLORIDA MANGO
SUITE 4
WEST PALM BEACH FL 33409
US

P.O. BOX 97
WEST PALM BEACH FL 33480-1547
US

2. Principal Place of Business

3. Mailing Address

249 Royal Palm Way
Suite, Apt. #, etc.
303 K

P.O. Box 3347
Suite, Apt. #, etc.
Palm Beach

City & State
Palm Beach FL

City & State
Palm Beach FL

Zip
33480

Country
Palm Beach

Zip
33480

Country
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0318212

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT B.P., HARRIS
1027 N FLORIDA MANGO
SUITE 4
WEST PALM BEACH FL 33409
249 Royal Palm Way
303 K
Palm Beach FL 33480

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARRIS, LAMONT B.P.
1027 N FLORIDA MANGO
WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lamont Harris

1-07-00

561-655-4748

CR2E034 (9/99)