2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V60679 1. Entity Name THE HARBOUR CENTER, INC. Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address

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Principal Place of Business 2401 PGA BLVD 280 PALM BEACH GARDENS FL 33410 US		Mailing Address 2401 PGA BLVD 280 PALM BEACH GARDENS FL 33410 US) 88 98 88	1 1814 Blati 9 11		1811 BABAI (181
2. Principal Place of Business 1696 NE Miami Gardens Drive Suite, Apt. #, etc. Suite 200 City & State North Miami Beach, Florida		3. Mailing Address 1696 NE Miami Gardens Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		Suite 200 City & State North Miami Beach, Florida		1	FEI Number	65-035488	3	\longrightarrow	Applied For Not Applicable
Zip 33179	Country USA	Zip 33179	Country USA		Certificate of S		<u> </u>	\$8.75 A Fee Requi	dditional red
	6. Name and Address of Current F	legistered Agent	Nome	7. 1	Name and Add	tress of New I	Registerea	Agent	
	ier, david j Pga blvd		Street A	ddress (P.O. E	3ox Number is	Not Acceptabl	e)		
PALA	BEACH GARDENS FL 33410		City				FL	Zip Ca	ode
Tax filing	Signature, typed or printed name of registered agent as pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200		00 550.00	10. Election	n Campaign Fi			.00 May Be ed to Fees
9. This corporate filing (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payab	!! FEE IS \$150. D1 Fee will be \$! le to Departmen	00 550.00 It of State	10. Election Trust F	und Contribution	nancing on. (☐ Ádd	ed to Fees
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13. I hereby certify that the information socoled with this filling 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.

The Harlbour Center, Inc.

SIGNATURE:

SIGNATURE AND THE OF PRINTED MAINS OF VIGINAGE OF DIRECTOR

305-947-1664

te Daytime Phone #