

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V60679**

1. Entity Name

THE HARBOUR CENTER, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90041 006 ***150.00

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
--	--

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. Suite 200 City & State North Miami Beach, Florida
--	--

Zip 33179	Country USA	Zip 33179	Country USA
---------------------	-----------------------	---------------------	-----------------------

6. Name and Address of Current Registered Agent WIENER, DAVID J 2401 PGA BLVD 280 PALM BEACH GARDENS FL 33410	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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$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	DP PRESTON, JOHN 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS Katzman, Chaim 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, PETER 2851 JOHN STREET SUITE ONE MARKHAM, ONTARIO CAN L3R5R7 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Valero, Doron 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GREEN, ROBERT 2851 JOHN STREET, SUITE ONE MERKHAM, ONTARIO CAN L3R5R7 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Segal, Dori 161 Bay Street, Suite 2820 Toronto, ON M5J 2S1 Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS BERNICK, LARRY 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WIENER, DAVID J 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information reported 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 supplementary 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: _____ By: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # 305-947-1664
--	---

CR2E034 (10/00)