1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

THE HART GROUP, LTD.

Principal Place of Business 5819 LAKE WORTH ROAD **GREENACRES FL 33463** 

Mailing Address

5819 LAKE WORTH ROAD **GREENACRES FL 33463** 

FILED 02 APR 30 AH 8: 47 SECRETARY OF STATE
TALLAHASSEE: FLORIDA



2. Principal Pl	ace of Business	3. Mailing Addr	ess		I INDIA BELL ADEL DELET HADEL BOTTE ERIST DOSTIL BOTTE BOTTE BUSINE BUSINES STERV TOTIL TODAL		
Suite, Apt. 1	# etc	Suite, Apt. #,	etc.		DUE BY MAY 1,	2002	
Outto, Apt.	., 5.6.			_	DOL BY MAY 1,	" /	
City & State		City & State	<del></del>	·	4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip Co		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Γ'	7. Name and Address of New Registers	od Agent	
	<u> </u>		-	Name		1	
SIDEL, PETER S				Street Address (P.O. Box Number is Not Acceptable)			
5819 LAKE WORTH ROAD				Sireet Address	33 (1.0. Box Hambor to New York)		
	CRES FL 33463					Ï	
GNELIAN	ONLO 1 E SOTO			City	F	Zip Code	
				1			
8. The above	named entity submits this statement	for the purpose of ch	hanging its register	ed office or regi	stered agent, or both, in the State of Florida.		
SIGNATURE.		7		<del>.</del>	DA	ie .	
Signature, typed or printed name of registered agent and title it applicable.			( 0 it al  0 - mail	h. diana	11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
9. Capital Contributions as Shown on record. \$5,000.00 10. Amount of Capital in FLORIDA to date			ORIDA to date.		SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners	R THAT IS A BUSI MAY NOT be char	INESS ENTITY Named on the form	NUST BE REG n; an amendn	ISTERED AND ACTIVE WITH THIS OFF nent must be filed to change a general	partitor.	
12.	GENERAL PARTI	IER INFORMATION	13.		ADDRESS CHANGES	ONLY	
DOCUMENT #	P01000046767		STR	EET ADDRESS			
NAME							
STREET ADDRESS	5819 LAKE WORTH ROAD		CIT	Y-ST-ZIP			
CITY-ST-ZIP	GREENACRES FL 33463						
DOCUMENT #			STR	REET ADDRESS		•	
NAME			i i	<u> </u>		-	
STREET ADDRESS CITY-ST-ZIP	· ·		CIT	Y-ST-ZIP			
DOCUMENT #				NCCT 40000000			
NAME			STF	REET ADORESS			
STREET ADDRESS			CIT	Y-ST-21P		!	
CITY-ST-ZIP					60000539	<del>52166</del>	
DOCUMENT #			STR	REET ADDRESS		المستريف المستريف المستر	
NAME				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
			<del></del>		<b>A</b>		
DOCUMENT # NAME			STI	REET ADDRESS			
STREET ADDRESS				ry-st-zip	4		
CITY-ST-ZIP			- CII	1-3t-zii			
DOCUMENT #			\$T	REFT ADDRESS	·		

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

PETER S SIDEL DIR. OF GEN'L PARTNER

CR2E003 (9/01)

ACCOUNT FILING COVER SHEET WALK IN

ACCOUNT #:

FCA00000014

CORPDIRECT AGENTS 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 850-222-1173

CONTACT:	Parn	
DATE:	4-30-02	<del></del>
REF#:	0427.6383	
CORP. NAME:	The Hart Group, Utd	
( ) CERTIFIED CO	ATTACHED <u>ANNUAL REPORT</u> AND ISSUE A: PY () PLAIN COPY (>) GOOD STANDING RACCOUNT IN THE AMOUNT OF \$	02 APR 30 PH 3. 08

**AUTHORIZATION:** 

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