

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90106 004 ****55.00

DOCUMENT # L01000015744

1. Entity Name

HT SERVICES PALM BEACH, LLC

Principal Place of Business

**3225 AVIATION AVE., PH SUITE
 COCONUT GROVE FL 33133**

Mailing Address

**3225 AVIATION AVE., PH SUITE
 COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

4101 RAVENSWOOD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

City & State
DANIA, FL

Zip

Country

Zip
33312

Country

USA

4. FEI Number

65-1143125

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, STEWART
 C/O HOUSING TRUST GROUP
 3225 AVIATION AVE., PH SUITE
 COCONUT GROVE FL 33133**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
PRESIDENT/MANAGER <input type="checkbox"/> Delete	STEWART MARCUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3225 AVIATION AVE - PH	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
MANAGER <input type="checkbox"/> Delete	HARVEY RAFOSKY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4101 RAVENSWOOD RD #120	STREET ADDRESS	
CITY-ST-ZIP	DANIA, FL 33312	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **DIRECTOR** 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)