

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0004734

DOCUMENT # L01000020345

1. Entity Name

HASPEL FAMILY ENTERPRISES, L.L.C.

04-16-2002 90093 030 ****50.00

Principal Place of Business

**4000 HOLLYWOOD BLVD.
 C/O KRAMER, GREEN, ZUCKERMAN & GREENE
 HOLLYWOOD FL 33021**

Mailing Address

**4000 HOLLYWOOD BLVD.
 C/O KRAMER, GREEN, ZUCKERMAN & GREENE
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

1814 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

***701**

City & State

N. MIAMI BEACH FL

4. FEI Number

030375048

Applied For
 Not Applicable

Zip

Country

33179

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
 4000 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **ARTHUR HASPEL**
 Street Address (P.O. Box Number is Not Acceptable)
**1814 NE MIAMI GARDENS DR *
 #701**
 City **N. MIAMI BEACH** FL Zip Code **33179**

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 *Arthur Haspel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/02

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 STREET ADDRESS CITY-ST-ZIP	MGR HASPEL, ARTHUR C 4000 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1814 NE MIAMI GARDENS DR #701 N. MIAMI BEACH FL 33179
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
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
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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: *Arthur Haspel*

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

4/7/02 956
205-6304

Date Daytime Phone #

CR2E083 (9/01)