

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

2/  
**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90029 032 \*\*\*\*50.00

DOCUMENT # L01000021541

1. Entity Name

HB USA, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1455 OCEAN DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE # 610

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LES KOCSIS

Street Address (P.O. Box Number is Not Acceptable)

AS ABOVE

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

LES KOCSIS MANAGING MEMBER.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LES KOCSIS AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LES KOCSIS 1455 OCEAN DRIVE SUITE # 610 MIAMI BEACH, FL 33139
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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:

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

2/8/02

Date

(305) 556-3434

Daytime Phone #

18693

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)