FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90318 003 ***150.00

DOCUMENT # L97000000363

1. Entity Name
HANDELMAN INVESTMENT CO. LLC

24015025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4020 WEST PALM AIRE DRIVE	4020 WEST PALMAIRE DRIVE
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State: POMPANO BEACH, FLORIDA	City & State: POMPANO BEACH, FLORIDA
Zip: 33069 Country: U.S.A.	Zip: 33069 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0749051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HANDELMAN, LILLIAN
Street Address (P.O. Box Number is Not Acceptable): 4020 WEST PALM AIRE DRIVE
SUITE 102
City: POMPANO BEACH, FL Zip Code: 33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HANDELMAN, LILLIAN
STREET ADDRESS	4020 WEST PALM AIRE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33069
TITLE	M
NAME	HANDELMAN, JOAN
STREET ADDRESS	4020 WEST PALM AIRE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lillian Handelman LILLIAN HANDELMAN February 28, 2004 954-975-2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #