

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000817

1. Entity Name
THE HIB FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1602 ABACO DRIVE, #H-1
COCONUT CREEK FL 33066

Mailing Address
1602 ABACO DRIVE, #H-1
COCONUT CREEK FL 33066

FILED
03 FEB 27 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

12300 CLASSIC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

CORAL SPRINGS FL

4. FEI Number

52-2378200

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARP, HELEN

1602 ABACO DRIVE, #H-1
COCONUT CREEK FL 33066

Name

Street Address (P.O. Box Number is not acceptable)

500011881635

02/05/03 01053 004 **437.50

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

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

DATE

9. Capital Contributions
as Shown on record. \$240,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000117431
NAME HIB, INC.
STREET ADDRESS 1602 ABACO DRIVE, #H-1
CITY-ST-ZIP COCONUT CREEK FL 33066

STREET ADDRESS

500011881635

CITY-ST-ZIP

02/27/03 01076 001 **88.75

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 oath; 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

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0000690 AT

CR2E003 (10/02)

STAPLE CHECK HERE