

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29593**

1. Entity Name

HIN, LTD.

Principal Place of Business

P. O. BOX 541359
LAKE WORTH FL 33454

Mailing Address

P. O. BOX 541359
LAKE WORTH FL 33454-1359

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

[Handwritten Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0220881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAUCH, HARRY
2176 JOG RD.
WEST PALM BEACH FL 33415

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

9. Capital Contributions

as Shown on record.

\$85,671.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # L01500
NAME HIRN, INC.
STREET ADDRESS 5695 AUTUM RIDGE ROAD
CITY - ST - ZIP LAKE WORTH FL 33466

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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DOCUMENT #
NAME
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

2176 JOG ROAD

CITY - ST - ZIP

WEST PALM BEACH, FL 33415

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

[Handwritten Signature: HARRY RAUCH]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/7/00 561 964 6501