

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29593**

1. Entity Name

HIN, LTD.

FILED

02 APR 29 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2176 JOG ROAD
GREEN ACRES FL 33415**

Mailing Address

**P.O. BOX 541359
LAKE WORTH FL 33454**

2. Principal Place of Business

1985 SOUTH MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0220881

Applied For

Not Applicable

Zip

Country

Zip

Country

33415

US

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

RAUCH, HARRY

2176 JOG RD.

WEST PALM BEACH FL 33415

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.

4/22/2002
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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L01500**
NAME **HIRN, INC.**
STREET ADDRESS **2176 JOG ROAD**
CITY-ST-ZIP **GREEN ACRES FL 33415**

STREET ADDRESS **1985 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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CITY-ST-ZIP

STREET ADDRESS **700005503177--0**
CITY-ST-ZIP **05/18/02 01063 001**
*****526.25 ***526.25**

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02

Date

561 357 8884

Daytime Phone #

CR2E003 (9/01)