

2002 UNIFORM BUSINESS REPORT (UBR)

0002096 AV

DOCUMENT # A94000001874
1. Entity Name
 H. & H. PARTNERS, LTD.

FILED

02 JAN 14 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 7350 S.W. 152ND TERRACE 7350 S.W. 152ND TERRACE
 MIAMI FL 33157 MIAMI FL 33157

2. Principal Place of Business **3. Mailing Address**
 9771 SO Dixie Hwy 9771 SO Dixie Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State **City & State**
 Miami, FL Miami, FL
Zip **Country** **Zip** **Country**
 33156 U.S.A 33156 U.S.A

4. FEI Number **Applied For**
 65-0541462 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOLLUB, HARRY
 7350 S.W. 152ND TERRACE
 MIAMI FL 33157
 9771 SO Dixie Hwy
 MIAMI, FL 33156

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 #	P94000062091
NAME	THE HOLLUB GROUP, INC.
STREET ADDRESS	7350 S.W. 152ND TERRACE
CITY-ST-ZIP	MIAMI FL 33157
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	9771 SO Dixie Hwy
CITY-ST-ZIP	MIAMI, FL 33156
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ **DATE:** 1/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)