

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007163 AF

DOCUMENT # **A97000002440**

1. Entity Name

**H.F. MALLS INVESTMENT, LTD.**

**FILED**

**01 MAR -5 AM 10:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O DIETER A. THIEMAN  
11380 PROSPERITY FARMS ROAD. #217  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**C/O DIETER A. THIEMAN  
11380 PROSPERITY FARMS ROAD. #217  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0792168**

Applied For  
Not Applicable

Zip Country Zip Country

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**

**THIEMANN, DIETER  
11380 PROSPERITY FARMS ROAD  
PALM BEACH GARDENS FL 33410**

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. **\$376,786.00**

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 # **P97000095772**  
NAME **H.F. MALLS INVESTMENT CORPORATION**  
STREET ADDRESS **11380 PROSPERITY FARMS ROAD #217**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/8/01**

Date

Daytime Phone #

**(561) 694-1200**

CR2E003 (11/00)