

2002 UNIFORM BUSINESS REPORT (UBR)

0012770 AT

DOCUMENT # A990000000031

1. Entity Name

HGD ENTERPRISES LIMITED PARTNERSHIP

FILED

02 JAN 31 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17149 ROYAL COVE WAY
BOCA RATON FL 33496

Mailing Address

17149 ROYAL COVE WAY
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0881922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GREENBERG, HAROLD~~
~~17149 ROYAL COVE WAY~~
~~BOCA RATON FL 33496~~

7. Name and Address of New Registered Agent

Name

MORRIS ENGELBERG

Street Address (P.O. Box Number is Not Acceptable)

3230 STIRLING ROAD SUITE 1

City

HOLLYWOOD

FL

Zip Code

33021

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 fee if applicable.

DATE

1/16/02

9. Capital Contributions
as Shown on record.

\$1,000,098.00

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 #
NAME GREENBERG, HAROLD
STREET ADDRESS 17149 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON FL 33496

DOCUMENT # P98000097153
NAME HARDAVGAR, INC.
STREET ADDRESS 17149 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON FL 33496

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Harold Greenberg
HAROLD GREENBERG 1/28/02

561-241-6202

CR2E003 (9/01)