

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016388 AF

DOCUMENT # L00000001790

1. Entity Name  
HHH&R LLC

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3235 N.W. 64TH STREET  
BOCA RATON FL 33496

Mailing Address  
3235 N.W. 64TH STREET  
BOCA RATON FL 33496



HJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4460 NW 63 Drive 4460 NW 63 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
COCONUT CREEK, FL

City & State  
COCONUT CREEK, FL

4. FEI Number  
94-3391423

Applied For  
Not Applicable

Zip  
33073

Country  
USA

Zip  
33073

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required (4)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEKSTRA, ALLAN W  
17305 S.W. 78TH COURT  
MIAMI FL 33157

Name  
HOEKSTRA, ALLAN W.

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

4460 NW 63 Drive

City  
COCONUT CREEK, FL Zip Code  
33073

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 ALLAN W. HOEKSTRA

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

(NOTE) Registered Agent signature required when reinstating

DATE

4/30/01

FILE NO. FEE IS \$50.00  
Make Check Payable to Department of State

600004336586--9  
-05/31/01--01086--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOEKSTRA, ALLAN W  
17395 SW 78TH COURT  
MIAMI FL 33157 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOEKSTRA, ALLAN W.  
4460 NW 63 Drive  
COCONUT CREEK, FL. 33073 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAYES, DAVID A  
3235 N.W. 64TH STREET  
BOCA RATON FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

4/30/01

954-418-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)