

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 041 ****50.00

DOCUMENT # L00000001790

1. Entity Name
HHH&R LLC

Principal Place of Business

**4460 NW 63 DRIVE
 COCONUT CREEK FL 33073**

Mailing Address

**4460 NW 63 DRIVE
 COCONUT CREEK FL 33073**

2. Principal Place of Business

**4733 W. ATLANTIC AVE
 Suite, Apt. #, etc.**

3. Mailing Address

**4733 W. ATLANTIC AVE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

94-3391423

Applied For

Not Applicable

Zip

33445

Country

FLA Beach

Zip

33445

Country

FLA Beach

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOEKSTRA, ALLAN W
 4460 NW 63 DRIVE
 COCONUT CREEK FL 33073**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **HOEKSTRA, ALLAN W**
 STREET ADDRESS **4460 NW 63 DRIVE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
 NAME **RON HIRSCH**
 STREET ADDRESS **4733 W. ATLANTIC AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)