

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006577 AF

DOCUMENT # L00000003543

1. Entity Name  
HABEC COMPANY, L.L.C.

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
647 EAST DANIA BEACH BLVD  
DANIA FL 33604

Mailing Address  
647 EAST DANIA BEACH BLVD  
DANIA FL 33604



2. P  
% Atlantia Holdings  
910 S.E. 17<sup>th</sup> St., Suite 300  
Ft. Lauderdale, FL 33316

3. I  
% Atlantia Holdings  
910 S.E. 17<sup>th</sup> St., Suite 300  
Ft. Lauderdale, FL 33316

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3645333

Applied For  
Not Applicable

Zip Country  
USA

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MACLAREN, LINDA O  
798 SOUTH FEDERAL HWY, STE 100  
BOCA RATON FL 33432

## 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

200003891362--8  
-03/21/01--01112--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

Managing Member  
Nicholas Economos  
4305 NW 24th Way  
Boca Raton, FL 33431 ☐ Change ☒ Addition

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)