## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 25, 2002 8:00 am Secretary of State DOCUMENT # L00000@05946 06-25-2002 90441 048 \*\*\*\*50.00 Robert A. Huth, Jr., Pl Principal Place of Business Mailing Address 2300 GLADES RD. 2300 GLADES RD. 969553 SUITE 260 W SUITE 260 W **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1016426 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent HUTH JR, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES RD, STE 260W **BOCA RATON FL 33431** City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS MEM TITLE ☐ Delete TITLE ☐ Addition ☐ Change HUTH, ROBERT A NAME STREET ADDRESS 2300 GLADES RD., SUITE 260 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. - Delete - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTE

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO

Delete

6-21-02 54

561-392-1800

Change

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LAW OFFICES

ROBERT A. HUTH, JR., P.L.

A Professional Limited Liability Company

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TI FRI IONE (FC4) GRO 4850

TELEPHONE (561) 392-1800 FACSIMILE (561) 392-3535

FORT LAUDERDALE OFFICE 615 NORTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33304

TELEPHONE (954) 462-2270 FACSIMILE (954) 462-2274

ROBERT A. HUTH, JR., J.D., LL.M.

Board Certified - Wills, Trusts & Estates

Of Counsel: RUDOLF & HOFFMAN, P.A.

June 21, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

Robert A. Huth, Jr., PL

EIN: 65-1016426

.... To Whom It May Concern:

Enclosed please find my UBR for 2002, together with my check in the amount of \$50.00. I was out of town when the form was mailed and did not receive it until this week. I would ask that the State accept the \$50.00 fee and waive any late filing penalty.

Thank you, in advance, for your attention to this matter. If you have any questions with regard to the enclosed, please feel free to contact the undersigned.

Very truly yours,

Robert A. Huth, Jr.

RAH:IIb Enclosures