

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012791 AF

DOCUMENT # L00000006461

1. Entity Name  
HTMCB RETAIL GROUP, LLC

Principal Place of Business  
3015 GRAND AVE  
MIAMI FL 33133

Mailing Address  
8211 W BROWARD BLVD  
SUITE 200  
PLANTATION FL 33324-2726

FILED  
FEB -9 AM 11:00  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA



2. Principal Place of Business  
20432 NE 16th Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1031093

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORSKY, JAY  
8211 W BROWARD BLVD  
SUITE 200  
PLANTATION FL 33324-2726

Name

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

20432 NE 16th PL

City

North Miami

FL

Zip Code

33179

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CORCOS, ARI  
3015 GRAND AVE  
MIAMI FL 33133 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CORCOS, Arie  
20432 N.E 16th Place  
N. Miami FL 33179 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Jacobson Jillian  
20432 N.E 16th Place  
N. Miami FL 33179 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AITIT AITIT  
20432 N.E 16th Place  
N. Miami FL 33179 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/06/01

Date

305-690-0105

Daytime Phone #

CR2E083 (11/00)