

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006791

1. Entity Name

HTMCB RETAIL OF PALM BEACH, LLC

FILED

FEB -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3015 GRAND AVENUE
MIAMI FL 33133

Mailing Address

8211 W BROWARD BLVD
SUITE 200
PLANTATION FL 33324-2726

2. Principal Place of Business

20432 NE 16th place

3. Mailing Address

Suite, Apt. #, etc. Same

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014456

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORCHIN, DAVID CPA
8211 W BROWARD BLVD
SUITE 200
PLANTATION FL 33324-2726

7. Name and Address of New Registered Agent

Name

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

20432 NE 16th place

City N. Miami FL

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

TITLE MGR ☒ Delete
NAME BOTTON, NENO
STREET ADDRESS 5514 SW 28TH TERR
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME JILLIAN Jacobson
STREET ADDRESS 20432 NE 16th place
CITY-ST-ZIP N. Miami FL 33179

TITLE MGR ☐ Change ☒ Addition
NAME ALTI ALAIN
STREET ADDRESS 20432 NE 16th place
CITY-ST-ZIP N. Miami FL 33179

TITLE MGR ☒ Change ☐ Addition
NAME BOTTON Neno
STREET ADDRESS 20432 NE 16th place
CITY-ST-ZIP N. Miami FL 33179

TITLE MGR ☐ Change ☒ Addition
NAME CORCOS Arie
STREET ADDRESS 20432 NE 16th place
CITY-ST-ZIP N. Miami FL 33179

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

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: ALAN ALTIT

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

Date

Daytime Phone #

02/06/01 305-690-0105

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CR2E083 (11/00)