

2001 UNIFORM BUSINESS REPORT (UBR)

0012795 AF

DOCUMENT # L00000007170

1. Entity Name

HTMCB RETAIL OF *Ybor City, LLC*

FILED

FEB -9 AM 11:00

Principal Place of Business

3300 NE 191 ST
SUITE 1014
AVENTURA FL 33180

Mailing Address

8211 W BROWARD BLVD
SUITE 200
PLANTATION FL 33324-2726

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

20432 NE 16th Place

3. Mailing Address

Same

Suite, Apt. #, etc.

N. Miami

City & State

Florida

City & State

4. FEI Number

65-1017371

Applied For

Not Applicable

Zip

Country

U.S.A

Zip

Country

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)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTT, ALAIN 3300 NE 191 ST SUITE 1014 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORCOS, ARI 3300 NE 191 ST SUITE 1014 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORCOS Arie 20432 N.E 16th PI N. Miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTT ALAIN 20432 N.E 16th PI N. Miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jacobson Jillian 20432 N.E 16th PI N. Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Botton Neno 20432 N.E 16th PI N. Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 ALAIN ALTT

02/06/01 305-690-0105

Date

Daytime Phone #

CR2E083 (11/00)