

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007246**

1. Entity Name
A H R VENTURES, LLC

Principal Place of Business
**2151 WEST HILLSBORO BLVD., #201
DEERFIELD BEACH FL 33442**

Mailing Address
**2151 WEST HILLSBORO BLVD., #201
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**HEIDEGGER, KEN
2151 WEST HILLSBORO BLVD., #201
DEERFIELD BEACH FL 33442**

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

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **Manager**
STREET ADDRESS **Ken Heidger**
CITY-ST-ZIP **95476 Boca Raton, FL 33434**

☐ Change ☒ Addition
300004469639-2
-07/11/01--01063--028
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **Manager**
STREET ADDRESS **Ken Heidger**
CITY-ST-ZIP **2151 W. Hillsboro Blvd, #201
Deerfield Beach, FL 33442**

☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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: **KEN HEIDGER** **4/6/01** **954-427-1878**

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

Date Daytime Phone #

0015198 AF

CR2E083 (11/00)

