

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 000000007376

1. Entity Name

Hampton Realty Group, L.L.C.

Principal Place of Business

Mailing Address

FILED

01 JUN 12 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1320 E. 17th ST.

Suite, Apt. #, etc.

3. Mailing Address

% AGI Registered Agents, Inc.

1200 Brickell Ave. Suite 900

DO NOT WRITE IN THIS SPACE

City & State

Brooklyn, New York

City & State

Miami, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

11230

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGI Registered Agents, Inc.  
1200 Brickell Ave. Suite 900  
Miami, FL. 33131

7. Name and Address of New Registered Agent

Name  
AGI Registered Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1200 Brickell Ave.  
Suite 900  
City  
Miami FL Zip Code  
33131

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

*Michael J. Parnes*  
Michael J. Parnes, Inc.

(NOTE: Registered Agent signature required when reinstating)

06/01/01  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004423978--0

-06/18/01--01025--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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:

*Aaron Parnes*

AARON PARNES, MANAGER

06-01-01

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

Date

Daytime Phone #

CR2E083 (11/00)