

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007813

1. Entity Name
HFB, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 PM 1:17

Principal Place of Business
2424 ALLEN ROAD, SUITE 150D
TALLAHASSEE FL 32312

Mailing Address
2424 ALLEN ROAD, SUITE 150D
TALLAHASSEE FL 32312



2. Principal Place of Business
6365 TART ST.

3. Mailing Address

Suite, Apt. #, etc.
Suite 1001

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State

Zip
33024

Country
USA

Zip

Country

4. FEI Number
59-3658219

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEY, PAT
2424 ALLEN ROAD, SUITE 150D
TALLAHASSEE FL 32312

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHAIN LAUFER
2424 ALLEN ROAD, Suite 150D
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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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

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

Date

Daytime Phone #

Signature: [Signature]
Date: 3/15/01
Daytime Phone #: (954) 983-6399

CR2E083 (11/00)

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