

2001 UNIFORM BUSINESS REPORT (UBR)

0012783 AF

DOCUMENT # L00000011151

1. Entity Name

HTMCB RETAIL OF SOUTH BEACH, L.L.C.

FILED
01 FEB -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

20432 N.W. 16TH PLACE
NORTH MIAMI BEACH FL 33179

Mailing Address

8211 WEST BROWARD BLVD., SUITE 200
PLANTATION FL 33324-2726

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

65-1039159

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

TORCHIN, DAVID CPA

8211 WEST BROWARD BLVD., SUITE 200

PLANTATION FL 33324-2726

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 reinstalling)

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 BOTTON, NENO 5514 S.W. 28TH TERRACE FORT LAUDERDALE FL 33312	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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*****55.00 *****55.00

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 #

ALAIN ALTIT

ALAIN ALTIT

02/06/01

305-690-0105
305-710-096

CR2E083 (1/1/00)