

2001 UNIFORM BUSINESS REPORT (UBR)

0026738 AF

DOCUMENT # L00000014540

1. Entity Name

THE HELLNER INVESTMENT PARTNERS LLC

FILED

01 APR 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

803 REPUBLIC COURT
DEERFIELD BEACH FL 33442

Mailing Address

4 WOODFIELD ROAD
POMONA NY 10970

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

22 3761770

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

JOSEPH, STANLEY
803 REPUBLIC COURT
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

SCOTT HELNER

Street Address (P.O. Box Number is Not Acceptable)

803 Republic Court

City

Deerfield Beach

FL

Zip Code

33442

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

Scott Helner

2/08/01

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
MANAGING PARTNER
FRANCINE JOSEPH
803 Republic Court
Deerfield Beach Flc 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
Stanley Joseph
803 Republic Court
Deerfield Beach Flc 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004137564-08
-05/04/01--01112--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ 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:

Scott Helner

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

2/08/01 212 682 5592

Date

Daytime Phone #

CR2E083 (11/00)