

2002 UNIFORM BUSINESS REPORT (UBR)

001241

DOCUMENT # **201000009586**

1. Entity Name
H & T FINEST, LLC.

201000009586

Principal Place of Business

**9801 PARSONS STREET
TAMPA FL 33615**

Mailing Address

**9801 PARSONS STREET
TAMPA FL 33615**

02 DEC 26 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9801 PARSONS ST
Suite, Apt. #, etc.

3. Mailing Address

9801 PARSONS ST
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA

4. FEI Number

Applied For

☒ Not Applicable

Zip

33615

Country

FL

Zip

33615

Country

FL

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

**ESTIME, GILBERT
17454 SW 79 COURT
MIAMI FL 33157**

Name

Istvan Torok

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

9801 PARSONS ST

City

Tampa

FL

Zip Code

33615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/01/02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TOROK, ISTVAN	
STREET ADDRESS	9801 PARSONS STREET	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HORVATH, CSABA	
STREET ADDRESS	9801 PARSONS STREET	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000008645120	
STREET ADDRESS	10/29/02--01039--006 **50.00	
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBANK, BEATRICK	
STREET ADDRESS	9801 PARSONS ST	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000008645120	
STREET ADDRESS	12/24/02--01050--010 **100.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	
STREET ADDRESS	2002	
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]

09/10/02

813 882 9364

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

Date

Daytime Phone #

CR2E083 (4/02)