

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90030 047 \*\*\*\*50.00

**DOCUMENT # L01000013543**

1. Entity Name  
**UHM LLC**



Principal Place of Business  
**1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

Mailing Address  
**1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

2. Principal Place of Business

**7491 WEST OAKLAND PARK BLVD**

3. Mailing Address

**7491 W OAKLAND PARK BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAUDERHILL, FLORIDA**

City & State

**LAUDERHILL, FLORIDA**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**

4. FEI Number **65-1129500**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS MISHAL, LILIA  
1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

**LILIA ROBERTS MISHAL**

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

**7491 W OAKLAND PARK BLVD**

City

**LAUDERHILL**

**FL**

Zip Code

**33319**

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]*

**3/6/03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ROBERTS-MISHAL, LILIA**  
STREET ADDRESS **1711 6TH AVENUE SOUTH**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **LILIA ROBERTS MISHAL** ☒ Change ☐ Addition  
NAME **7491 W OAKLAND PARK BLVD**  
STREET ADDRESS **LAUDERHILL, FL 33319**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
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]*

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

**3/6/03**

Date

**954-578-1946**

Daytime Phone #

CR2E083 (10/02)