

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015744

1. Entity Name

HT SERVICES PALM BEACH, LLC

Principal Place of Business

3225 AVIATION AVE., PH SUITE  
COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVE., PH SUITE  
COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4101 RAVENSWOOD RD.

Suite, Apt. #, etc.

SUITE 120

City & State

DANIA, FL

Zip

33312

Country

USA

4. FEI Number

65-1143125

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, STEWART  
C/O HOUSING TRUST GROUP  
3225 AVIATION AVE., PH SUITE  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT/MANAGER ☐ Delete  
NAME: STEWART MARCUS  
STREET ADDRESS: 3225 AVIATION AVE - PH  
CITY-ST-ZIP: COCONUT GROVE, FL 33133

TITLE: MANAGER ☐ Delete  
NAME: HARVEY RAFOFSKY  
STREET ADDRESS: 4101 RAVENSWOOD RD #120  
CITY-ST-ZIP: DANIA, FL 33312

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

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

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

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]* DIRECTOR 4/29/02

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

Date

Daytime Phone #

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90106 004 \*\*\*\*55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)