

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90391 030 ****50.00

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DOCUMENT # L01000016161

1. Entity Name

HKP FINANCIAL LLC

Principal Place of Business

**15327 N.W. 60 AVE., STE. 245
 MIAMI LAKES FL 33014**

Mailing Address

**15327 N.W. 60 AVE., STE. 245
 MIAMI LAKES FL 33014**

2. Principal Place of Business

Above

3. Mailing Address

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1138921

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

**HURWITZ, NORMAN
 C/O HKP FINANCIAL LLC
 15327 60TH AVE., STE. 245
 MIAMI LAKES FL 33014**

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.

NORMAN HURWITZ

(NOTE: Registered Agent signature required when reinstating)

4/22/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **NORMAN HURWITZ**
 STREET ADDRESS **19241 N.E. 20 CT.**
 CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

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

TITLE **VP** ☐ Delete
 NAME **JOHN KROLL**
 STREET ADDRESS **17864 N.W. 15 COURT**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

NORMAN HURWITZ

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

4/22/02 3054700073 X333

Date Daytime Phone #

CR2E083 (9/01)