

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 022 ****50.00

DOCUMENT # L01000019247

1. Entity Name
H. HELLMUND LLC

Principal Place of Business

~~1735 VAN BUREN STREET~~
~~HOLLYWOOD FL 33020~~

Mailing Address

~~1735 VAN BUREN STREET~~
~~HOLLYWOOD FL 33020~~

2. Principal Place of Business

PAUL SCHNEIDER 7860 PETERS RD. 1/0 PAUL SCHNEIDER 7860 PETERS RD.

Suite, Apt. #, etc.

E-110

3. Mailing Address

Suite, Apt. #, etc.

F-110



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

APPLIED

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD M. MOGERMAN, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 130
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **PAUL F. SCHNEIDER, CPA**

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

7860 PETERS ROAD

E-110

City

PLANTATION

FL

Zip Code

33324

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

4/29/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER, MANAGING MEMBER** ☐ Delete

NAME **HELLMUND, HENRIQUE**
 STREET ADDRESS **3602 BRIDGEWOOD DR.**
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **MEMBER** ☐ Delete

NAME **HELLMUND, HELENA**
 STREET ADDRESS **3602 BRIDGEWOOD DR.**
 CITY-ST-ZIP **BOCA RATON, FL 33434**

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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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:

HENRIQUE HELLMUND, MANAGING
SIGNATURE REQUIRED
Director

4/29/02 954-474-8500

Date

Daytime Phone #

CR2E083 (9/01)