

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90017 021 ****50.00

DOCUMENT # L01000021259

1. Entity Name

HSDC, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11900 Biscayne Blvd
Suite, Apt. #, etc.
807

3. Mailing Address

Suite, Apt. #, etc. same

City & State

Mi FL

City & State

4. FEI Number

80-0012842

Applied For

Not Applicable

Zip

33181

Country

U.S.

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

22280

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Allan Glaser

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

11900 Bisc Blvd.

Suite 807

City

Mi

FL

Zip Code
33181

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Allan Glaser, Manager
11900 Bisc Blvd
Mi FL 33181

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Allan Glaser

2/15/02

305 8935999

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

Date

Daytime Phone #

CR2E083B (12/01)