LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001183

1. Entity Name
Hart-Epstein Enterprises, LLC

FILED
03 JUN -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
Attn: Patricia H. Hart

2. Principal Place of Business
2313 Vista Cove Rd.
Suite, Apt. #, etc
St. Augustine, Fla
City & State
Zip 32084 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

EIN # DO NOT WRITE IN THIS SPACE

4. FEI Number 01 0734900 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Patricia H. Hart
Street Address (P.O. Box Number is Not Acceptable)
2313 Vista Cove Rd
City St. Augustine, FL Zip Code 32084

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 Patricia H. Hart May 31 2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Patricia H. Hart 2313 Vista Cove Rd St. Augustine, Fla 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager-Co Beverly Epstein PO Box 280 Marlboro, New Jersey 07746
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CR2E083B (12/02)

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: Patricia H. Hart May 31, 2003 904-819-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #