

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/2003-91809317-\$50.00-\$50.00 \*  
9/19/2003-90064-012-\$50.00-\$50.00

000288

DOCUMENT # L02000020544

1. Entity Name

H:B:P INVESTMENT & CONSULTING, LLC



03 OCT -6 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/11

Principal Place of Business

2600 ISLAND BLVD., STE. 2304  
WILLIAMS ISLAND FL 33160

Mailing Address

2600 ISLAND BLVD., STE. 2304  
WILLIAMS ISLAND FL 33160

2. Principal Place of Business

675 SW 12th Ave

3. Mailing Address

675 SW 12th Ave



106 ☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

75-3075781

Applied For

Not Applicable

Zip

Country

33069 Broward

Zip

Country

33069 Broward

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELLINGER, ANDREW B ESQ  
200 S. BISCAYNE BLVD., STE. 3000  
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: THE SECOND HARVEY B. POLLAK LIMITED PARTNE  
STREET ADDRESS: 2600 ISLAND BLVD. - 2304  
CITY-ST-ZIP: WILLIAMS ISLAND FL 33160

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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 REQUIRED

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

09/09/03

Date

Daytime Phone #

CP2E083 (4/03)