

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90191 004 ***150.00

DOCUMENT # **L02000021008**

1. Entity Name
H & L FLORIDA ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

544 PORTER LANE

Suite, Apt. #, etc.

3. Mailing Address

544 PORTER LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY WEST, FL

City & State
KEY WEST, FL

4. FEI Number
52-2376304

Applied For
Not Applicable

Zip
33040

Country
US

Zip
33040

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JACK HORNSTEIN

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

City
KEY WEST **FL** Zip Code
33040

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **MGR**
NAME **JACK HORNSTEIN**
STREET ADDRESS **544 PORTER LANE**
CITY - ST - ZIP **KEY WEST, FL 33040**

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #