

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90132 007 *****55.00

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DOCUMENT # L02000021332

1. Entity Name

HEPS, LLC



Principal Place of Business

**1221 N.E. 9TH AVENUE
FORT LAUDERDALE FL 33304**

Mailing Address

**1221 N.E. 9TH AVENUE
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

616 NW 2nd Avenue

616 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

059-38-8971

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSE, PETER A
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Michael Steinberger**

Street Address (P.O. Box Number is Not Acceptable) **#2412
3500 Galt Ocean Dr.**

City **Ft. Lauderdale**

FL

Zip Code **33308**

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 *Michael Steinberger*
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUBERT, PETER 1221 N.E. 9TH AVENUE FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Steinberger* **TIME REQUIRED**

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

4-18-03

954 522-6588

Date

Daytime Phone #

CR2E083 (10/02)