

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90027 014 \*\*\*\*50.00

**DOCUMENT # L02000024574**

1. Entity Name  
**HEBESSENTIALS LLC**



Principal Place of Business  
**1168 CHINABERRY DRIVE  
WESTON FL 33327**

Mailing Address  
**1168 CHINABERRY DRIVE  
WESTON FL 33327**

**40035487**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0483950**

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

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE, SUITE 1114  
MIAMI BEACH FL 33139**

Name **JESSE F. COATS, C.P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5200 N.W. 33 AVE., SUITE 218**  
City **FT. LAUDERDALE** FL Zip Code **33309**

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 **Jesse F. Coats, C.P.A.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/23/03**  
DATE

**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 **MGRM** ☐ Delete  
NAME **MICHELINI, VITALIANO**  
STREET ADDRESS **1168 CHINABERRY DRIVE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **MICHELINI, SONYA**  
STREET ADDRESS **1168 CHINABERRY DRIVE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CIENFUEGOS, ARTURO**  
STREET ADDRESS **1746 SYCAMORE TERRACE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CIENFUEGOS, SYLVIA**  
STREET ADDRESS **1746 SYCAMORE TERRACE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**MICHELINI**

**04/23/03**

**954 907 7195**

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

Date

Daytime Phone #

CR2E083 (10/02)