

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-28-2003 90038 006 ****50.00

DOCUMENT # L02000027155

1. Entity Name

HALF VENTURES OF FLORIDA, LLC



Principal Place of Business

Mailing Address

C/O DANIEL HUGHES.P.A.
3000 NORTH FEDERAL HIGHWAY BLDG 2 SOUTH ST
FORT LAUDERDALE FL 33306

C/O DANIEL HUGHES.P.A.
3000 NORTH FEDERAL HIGHWAY BLDG 2 SOUTH ST
FORT LAUDERDALE FL 33306

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

01-0749290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, M. DANIEL P.A.
3000 NORTH FEDERAL HIGHWAY BLDG 2 SOUTH
STE. 200
FORT LAUDERDALE FL 33306

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MD**
NAME **Arlet Michael Ira**
STREET ADDRESS **5100 North Ocean Blvd, Apt 205**
CITY-ST-ZIP **Fort Lauderdale FL 33308**

☐ Delete

TITLE **MD**
NAME **MATILSON TAMARA**
STREET ADDRESS **12240 PLOW FORT LAUDERDALE**
CITY-ST-ZIP **Dallas TX 75230**

☐ Delete

TITLE **MD**
NAME **Hamilton James**
STREET ADDRESS **800 Carnegie Ct**
CITY-ST-ZIP **Southlake TX 76092**

☐ Delete

TITLE **MD**
NAME **LAMOTHE, Bill**
STREET ADDRESS **5100 North Ocean Blvd 205**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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:

REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)