

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 21868

1. Entity Name

H.B.H. Development Company



FILED

03 NOV 17 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7675 CINEBAR DR

3. Mailing Address

7675 CINEBAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT 2003**

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLA.

City & State

BOCA RATON, FLA

4. FEI Number

65-0171792

Applied For

Not Applicable

Zip

33433

Country U.S.A.

PALM BCH

Zip

33433

Country U.S.A.

PALM BCH

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

7. Name and Address of Current Registered Agent

Name HYMAN HOROWITZ

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

7675 CINEBAR DR

City BOCA RATON

FL

Zip Code 33433

**DO NOT WRITE  
IN THIS SPACE**

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

11/11/03

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECTY TREAS</u> <u>HYMAN HOROWITZ</u> <u>7675 CINEBAR DR</u> <u>BOCA RATON, FLA 33433</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600023778896</u> <u>10/21/03--01078--001 **122.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600023778896</u> <u>11/18/03--01021--003 **36.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T. Lewis</u> <u>11/18/03</u>

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

11/11/03

Date

(56) 395 4595

Daytime Phone #

CR2E034B (12/02)