

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000735

1. Entity Name
HUGHES ART, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business
240 N.E. 23RD COURT
POMPANO BEACH FL 33060

Mailing Address
2922 RALPH STREET
HONOLULU HI 96819



2. Principal Place of Business

3. Mailing Address

3367 PAHOA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HONOLULU, HI

4. FEI Number

65-6208209

Applied For
Not Applicable

Zip

Country

Zip

Country

96816 U.S.A.

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, DAVID C
240 NE 23RD CT.
POMPANO BEACH FL 33060

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HUGHES, DAVID C
240 NE 23RD CT.
POMPANO BEACH FL 33060

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

0018083 SP