

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000735

1. Entity Name
HUGHES ART, L.C.

FILED

01 APR 30 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
3367 PAHOA AVE.
HONOLULU HI 96816



2. Principal Place of Business
3560 NW 3 AVE
Suite, Apt. #, etc.
SOUTH APT.

3. Mailing Address
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State

4. FEI Number
65-6208209

Applied For
Not Applicable

Zip
33064

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
HUGHES, DAVID C
Street Address (P.O. Box Number is Not Acceptable)
3560 NW 3 AVE.
SOUTH APT.
City
POMPANO BEACH FL Zip Code
33064

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.

(NOT: Registered Agent signature required when reinstating)

4/26/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3560 NW 3 AVE.
POMPANO BEACH, FL. 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004217834--9
-05/15/01--01101--019
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

4/26/01 808-279-7097
Date Daytime Phone #

CR2E083 (11/00)