

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000806

1. Entity Name

HSD INVESTMENTS, L.C.

FILED

00 JAN 18 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20103 NE 19TH PL
MIAMI FL 33179

Mailing Address

20103 NE 19TH PL
MIAMI FL 33179-1610

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

65-0626053

Applied For
Not Applicable

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

Name

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

City

FL

Zip Code

BRASS, ALAN
8181 WEST BROWARD BLVD
#350
PLANTATION FL 33324

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

TITLE	MEM	<input type="checkbox"/> Delete
NAME	KLEIMAN, SHEILA	
STREET ADDRESS	20103 NE 19TH PL	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	ALPER, HANNAH	
STREET ADDRESS	859 JEFFREY ST APT 615	
CITY - ST - ZIP	BOCA RATON FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		
STREET ADDRESS	300003112273--9	
CITY - ST - ZIP	-01/27/00--01016--005	
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		
STREET ADDRESS	*****50.00 *****50.00	
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/>
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)(l), 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 #

305
794340
1/14/2000