

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90353 041 ****50.00

DOCUMENT # L97000001072

1. Entity Name

HB STABLES, LLC

Principal Place of Business

**2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON FL 33431**

Mailing Address

**2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON FL 33431**

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 **65-0785801**

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

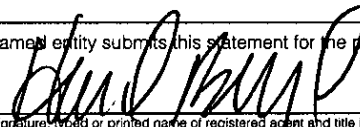
~~**BALLEN, SAMUEL D ESQ.
2101 CORPORATE BLVD., SUITE 101
BOCA RATON FL 33431**~~Name **HOWARD I. BELFORD**

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

2385 NW EXECUTIVE CTR. DR.**SUITE 100**City **BOCA RATON****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 **HOWARD I. BELFORD**

(NOTE: Registered Agent signature required when reinstating)

DATE

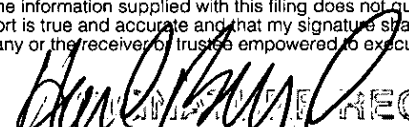
**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BELFORD, HOWARD I**
STREET ADDRESS **2255 GLADES ROAD, SUITE 324 ATRIUM**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGRM** ☐ Delete
NAME **BELFORD, DEBORAH F**
STREET ADDRESS **2255 GLADES ROAD, SUITE 324 ATRIUM**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)(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

HOWARD I. BELFORD

Date

Daytime Phone #

561-981-2576

CR2E083 (9/01)