

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001169

1. Entity Name

HMS OUTLET DIRECT, L.C.

Principal Place of Business

2001 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33444

Mailing Address

12243 PRAIRIE DUNES ROAD
BOYNTON BEACH FL 33437-6014

2. Principal Place of Business

2001 NO. FEDERAL HWY.

3. Mailing Address

12243 PRAIRIE DUNES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

BOYNTON BEACH FL

Zip

33483

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

4. FEI Number

65-0792654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRUHL, HAROLD
12243 PRAIRIE DUNES ROAD
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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

Harold Struhl

(HAROLD STRUHL)

1/10/02

Signature, typed or printed name of registered agent and date if applicable.

(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

TITLE MGR
NAME STRUHL, HAROLD
STREET ADDRESS 12243 PRAIRIE DUNES ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE MGR
NAME STRUHL, MIRIAM
STREET ADDRESS 12243 PRAIRIE DUNES ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

Miriam Struhl

1/10/02 561-733-7779

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

Date

Daytime Phone #

0033923

CR2E083 (9/01)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90013 007 ****50.00

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DO NOT WRITE IN THIS SPACE