

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 98000002759

1. Entity Name

HMJ PROPERTIES, L.C.

Principal Place of Business

Mailing Address

777 SOUTH STATE ROAD 7  
MARGATE, FL 33068

777 SOUTH STATE ROAD 7  
MARGATE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956147

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

KLEINMAN, TIFFANY B  
777 SOUTH STATE ROAD 7  
MARGATE, FL 33068

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	MGRM	<input type="checkbox"/> Delete
NAME	SHOOSTER, HERMAN	
STREET ADDRESS	777 SOUTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LEUCHTER, MAX	
STREET ADDRESS	777 SOUTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GELLER, JOSHUA	
STREET ADDRESS	777 SOUTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33068	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 #

HERMAN SHOOSTER

4-12-99

CR2E083 (11/99)

FRANK MALLORY SHOOSTER  
PROFESSIONAL ASSOCIATION

TIFFANY B. KLEINMAN  
ADMITTED IN FLORIDA

WRITER'S DIRECT TELEPHONE  
(954)969-3904

April 12, 2000

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report  
HMJ Properties, L.C.  
Document #L 98000002759

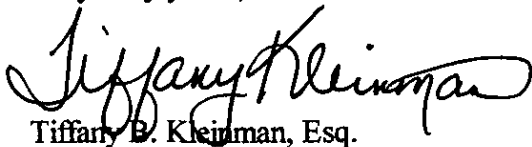
Gentlemen:

We did not receive a renewal form for the above firm. We subsequently requested a renewal but to date we have not received one.

However, we requested and received a blank form. The blank form has been duly executed and is being submitted along with a check as indicated on the form.

If there are any problems and/or questions, please let me know.

Very truly yours,



Tiffany B. Kleinman, Esq.

Enclosures

777 SOUTH STATE ROAD 7, MARGATE, FLORIDA 3306  
Telephone 954-969-3900 Fax 954-969-3911