

2000 UNIFORM BUSINESS REPORT (UBR)

0006607 AF

DOCUMENT # L99000003738

1. Entity Name
H & K HOLDINGS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:06

Principal Place of Business
7015 BERACASA WAY, SUITE 204
BOCA RATON FL 33433

Mailing Address
7015 BERACASA WAY, SUITE 204
BOCA RATON FL 33433-3453



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936457

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
Name
Paul E. Heimberg
Street Address (P.O. Box Number is Not Acceptable)
7015 Beracasa Way, Suite 204
City
Boca Raton, FL Zip Code
33433

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 Paul E. Heimberg 1/31/00
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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEIMBERG, DENISE B 20982 PINAR TRAIL BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Mindy Kahan 20975 Pinar Trail Boca Raton, FL 33433 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800003131248--3 -02/10/00--01078--019 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Denise B. Heimberg, MGRM 1/31/00 (561) 392-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)