

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0000084  
AF

DOCUMENT # **L99000005848**

1. Entity Name  
**H&K TRANSLATIONS LLC**

01 MAY -1 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>701 BRICKELL AVENUE STE 3000 MIAMI FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE STE 3000 MIAMI FL 33131</b>
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>400 North Ashley Dr.</b>	3. Mailing Address <b>400 North Ashley Drive</b>
Suite, Apt. #, etc. <b>Suite 2300</b>	Suite, Apt. #, etc. <b>Suite 2300</b>
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>

4. FEI Number <b>65-0955292</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Zip <b>33602</b>	Country <b>USA</b>	Zip <b>33602</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE 3000  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR APS MANAGEMENT INC 400 NORTH ASHLEY DR., STE 2300 TAMPA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<b>MGR Holland &amp; Knight Consulting, FNC 400 North Ashley Drive, Suite 2300 Tampa, FL 33602</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400004134854-7**  
**-05/03/01--01136--025**  
**\*\*\*\*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: **4/27/01** **904-798-5477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)