## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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HE MUL	LLER GROUP, L.C.					FIL OO MAR -	a PM (	2: 44	1	1
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Principal Place of Business Mailing Address Mailing Address Mailing Address M.E. 5TH AVENUE 88 N.E. 5TH A						SECKET	SSEEF	LORIU	IA.	
DELRAY BEACH FL 33483		DELRAY BEACH FL 33483-5427				TALLATI				
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEII	Number (p.5 - 0)	)541 C	าบอ		pplied For
Zip	Country	Zip	Count	try		tificate of Statu		<u>(U 0</u>	\$5.00 Ac	
	6. Name and Address of Currer	nt Registered Agent	1			ne and Addres			Fee Require d Agent	ed
COULUNT.				Name						
SCHMIDT, WILLIAM C 88 N.E. 5TH AVENUE				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BEACH FL 33483										
				City				FL Zip Code		
	named entity submits this statement signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature requ	ired when reinstal	-	State of Flo	DATE		
	Signature, typed or printed name of registered ages	nt and title if applicable. (NO FILE N	IOW!!! Fayable to	Agent signature requ	ired when reinstal	ating)		DATE		
GNATURE .	·	nt and title if applicable. (NO FILE N	TE: Registered	Agent signature requirements	ired when reinstal	A	DDITIONS	DATE	ES Change	
GNATURE	Signature, typed or printed name of registered ages  MANAGING MEM  MGRM  MULLER, RALPH P	nt and title if applicable. (NO FILE N Make Check P	IOW!!! Fayable to	Agent signature requirements Department	ired when reinstal	A	DDITIONS	DATE	ES Change	
The above GNATURE LE ME REET ADURESS Y- ST- ZIP	Signature, typed or printed name of registered ages  MANAGING MEM	nt and title if applicable. (NO FILE N Make Check P	IOW!!! Fayable to	Agent signature requirements	ired when reinstal	A	DDITIONS, 003 -03/29	DATE	ES	6 021
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Date

Daytime Phone #