

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007290

1. Entity Name
HEP-8-CLER, L.C.

Principal Place of Business Mailing Address
%HALVORSEN HOLDINGS, INC JEFFREY HALVORSEN %HALVORSEN HOLDINGS, INC JEFFREY HALVORSEN
33 S.E. 4TH ST., STE. 100 33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432 BOCA RATON FL 33432-6013

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FFI Number Applied For
Applied For

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

HALVORSEN, JEFFREY T
%HALVORSEN HOLDINGS, INC
33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432

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 MGR
NAME HALORSEN HOLDINGS, INC.
STREET ADDRESS 33 S.E. 4TH ST., STE. 100
CITY- ST- ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME GOMEZ, BARRY
STREET ADDRESS %EZON FL INC 1100 5TH AVE. SO, STE. 401
CITY- ST- ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME GOMEZ, BRUCE
STREET ADDRESS %EZON FL INC 1100 5TH AVE. SO, STE. 401
CITY- ST- ZIP NAPLES FL 34102

TITLE
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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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

4/14/00 941-263-1712
Date Daytime Phone #

CR2E083 (9/99)