

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007929

1. Entity Name

FHAL LLC

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90136 019 ****50.00

973179



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3204 N.W. 79TH AVENUE
MIAMI FL 33122

3204 N.W. 79TH AVENUE
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0963782

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
1009068796

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. I am hereby filing with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR LUCHNICK, ALAN ☐ Delete
STREET ADDRESS 236 GOLDEN BEACH DR
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR THE JOSELYN LUCHNICK LIVING TRUST ☐ Delete
STREET ADDRESS 17191 GRAND BAY DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-14-02 305-4710075
Date Daytime Phone #

CR2E083 (4/02)