

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99000008707

DOCUMENT

1. Entity Name

HYPO VENTURES, LLC

Principal Place of Business

Mailing Address

115 NW 167th ST, Suite 300
N. Miami Beach, FL 33169

SAME
↓

2. Principal Place of Business

3. Mailing Address

115 NW 167th ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~300~~ Suite 300

City & State

City & State

N. Miami Beach

Zip

Country

Zip

Country

33169

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

TRACY, GRANVIL M

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

115 NW 167th ST.

Suite 300

City

N. Miami Bch

FL

Zip Code

33169

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

4/27/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR M
STREET ADDRESS	BEHAR, SABA
CITY-ST-ZIP	115 NW 167th ST. Suite 300 N. Miami Beach FL 33169
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	JARVIS, BRUCE R.
CITY-ST-ZIP	115 N.W. 167 ST Ate 300 NMB FL 33169
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR M
STREET ADDRESS	TRACY, GRANVIL M.
CITY-ST-ZIP	115 N.W. 167 ST Ate 300 NMB FL 33169
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR M
STREET ADDRESS	KASSIN, ROBERTO
CITY-ST-ZIP	115 N.W. 167 ST Ate 300 NMB FL 33169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003287886--4
STREET ADDRESS	-06/14/00--01009--006
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

GRANVIL TRACY 4/27/2000

CR2E083 (11/99)