

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99/8841

1. Entity Name

HART HOMES, L.C.

Principal Place of Business

1702 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34984

Mailing Address

1702 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34952-5431

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1597 S. E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

3. Mailing Address

1597 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

4. FEI Number

22-3695559

Applied For

Not Applicable

Zip 34952

Country USA

Zip 34952

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, MARTIN
13 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SCHAFER, MARTIN
13 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MORGINSTIN, ELIGZER
98 NORTHERN PARKWAY WEST
PLAINVIEW NY 11803

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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003418041--3
-10/09/00--01015--008
*****50.00 *****50.00

TITLE
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☐ Change ☐ Addition

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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: X

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

Date

Daytime Phone #

ELIEZ MORGINSTIN 10/31/00