

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005287

DOCUMENT # M01000002767

1. Entity Name  
HT INNOVATIONS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -3 PM 4:21

Principal Place of Business Mailing Address  
7345 WEST SAND LAKE RD. STE 213 & 214 7345 WEST SAND LAKE RD. STE 213 & 214  
ORLANDO FL 32819 ORLANDO FL 32819

**REINSTATEMENT** 2002-2003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
510 BRISTOL DR 510 BRISTOL DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Altamonte Springs, FL Altamonte Springs, FL  
Zip Country Zip Country  
32714 USA 32714 USA

4. FEI Number 74-3022951 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

POPAT, HASMIT  
7345 WEST SAND LAKE DR., STE 213 & 214  
ORLANDO FL 32819

Name John Janik  
Street Address (P.O. Box Number is Not Acceptable)  
510 BRISTOL DR.  
City Altamonte Springs FL Zip Code 32714

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 familiar 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 STREET ADDRESS CITY-ST-ZIP	MGRM HASCOR USA INC 700 NORTH ST. MARY'S STREET SAN ANTONIO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANIS, JOHN C 510 BRISTOL DRIVE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Janis, John C 510 Bristol Dr Altamonte Springs, FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> 2002-2003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300009911143 04/03/03--01004--014 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300009911143 01/07/03--01014--025 **50.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

12/26/02 (407) 389-1654

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

Date Daytime Phone #

CR2E083 (4/02)