

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 022 ****50.00

DOCUMENT # M99000001392

1. Entity Name
HI TAMPA, LLC

Principal Place of Business
525 LAKE AVENUE SOUTH, SUITE 405
DULUTH MN 55802

Mailing Address
525 LAKE AVENUE SOUTH, SUITE 405
DULUTH MN 55802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
525 South Lake Avenue
 Suite, Apt. #, etc.
Suite 405
 City & State
Duluth, mn

3. Mailing Address
525 South Lake Avenue
 Suite, Apt. #, etc.
Suite 405
 City & State
Duluth, mn

4. FEI Number **41-1949028**

Applied For
 Not Applicable

Zip **55802** Country **USA**

Zip **55802** Country **USA**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDFINE, KENNETH 7330 PIMA ROAD SCOTTSDALE AZ 85258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDFINE, JOHN 525 LAKE AVENUE S., SUITE 405 DULUTH MN 55802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APTER, ABBOT 202 W SUPERIOR STREET, SUITE 321 DULUTH MN 55802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Handwritten Signature** REQUIRED

3/21/02 (218) 723-8433

Date Daytime Phone #