

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90004 044 \*\*\*158.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

Karen and Steven, Inc., dba HTS South  
PO 100000 72726

**DO NOT WRITE IN THIS SPACE**

427756

2. Principal Place of Business

101 N. State Rd. 7

3. Mailing Address

101 N. State Rd. 7

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

117

DO NOT WRITE IN THIS SPACE

City & State

Margate, FL.

City & State

Margate, FL.

4. FEI Number

65-1123488

Applied For

Not Applicable

Zip

33063

Country

US

Zip

33063

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Dubrow, Duker, & Assoc., PA.

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

2832 UNIVERSITY DRIVE

City

CORAL SPRINGS, FL

Zip Code

33065

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

X

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

□

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
P. Karen Thompson  
STREET ADDRESS  
11432 NW 23 STREET  
CITY-ST-ZIP  
Coral Springs, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
V.P. STEVEN A. HERNANDEZ  
STREET ADDRESS  
181 NW 154 AVENUE  
CITY-ST-ZIP  
PEMBROKE PINES, FL 33028

TITLE  
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IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2002

Date

(954) 972-6030

Daytime Phone #

CR2E034B (12/01)