

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

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90033 002 \*\*\*150.00

DOCUMENT # P93000005058

1. Entity Name

HIGH FIDELITY HOUSE INC. OF FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6600 W. ROGER CIRCLE

Suite, Apt. #, etc.

SUITE 12

City & State

BOCA RATON FL

Zip

33487

Country

US

3. Mailing Address

6600 W. ROGER CIRCLE

Suite, Apt. #, etc.

SUITE 12

City & State

BOCA RATON FL

Zip

33487

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0378680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ADELBERG, KENNETH

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

6600 W. ROGER CIRCLE

SUITE 12

City

BOCA RATON

FL

Zip Code

33487

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, print or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

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  
STREET ADDRESS  
CITY - ST - ZIP

P  
ADELBERG, KENNETH J  
6600 W. ROGERS CIRCLE, SUITE 12  
BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ADELBERG, EDNA D  
6600 W. ROGERS CIRCLE, SUITE 12  
BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ADELBERG, DAVID E  
6600 W. ROGERS CIRCLE, SUITE 12  
BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ROBBINS, JON A  
6600 W. ROGERS CIRCLE, SUITE 12  
BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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 offices like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)