

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

FILED

DOCUMENT # **P95000030229**

02 JUL 12 PM 12:54

1. Entity Name:

**HANK HIMMELBAUM L.C.S.W. PA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**200006450002--6**

-07/16/02--01052--036

\*\*\*\*600.00 \*\*\*\*600.00

2. Principal Place of Business

**1300 W CAMINO REAL**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**SUITE 213**

Suite, Apt. #, etc.

**BOCA RATON FL**

City & State

4. FEE Number

**65-0576469**

Applied For

Not Applicable

**33433**

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **HANK HIMMELBAUM**

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

**4265 CEDAR CREEK RD.**

City **BOCA RATON**

**FL**

**33489**

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

*Hank Himmelbaum*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when submitting)

**4/24/02**

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 **DIRECTOR**  
NAME **HANK HIMMELBAUM**  
STREET ADDRESS **4265 CEDAR CREEK RD**  
CITY-ST-ZIP **BOCA RATON FL 33489**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

*Hank Himmelbaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HANK HIMMELBAUM 4/24/02 (561) 353-3533**

Date

Daytime Phone

CR2E034B (12/01)

7/12/02