

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91519 018 \*\*\*150.00

**DOCUMENT #** P98000063468

**1. Entity Name**

Hube Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

U T U U U U

**2. Principal Place of Business**

5601 Royal Palm Bch Blvd  
Suite, Apt. #, etc.

**3. Mailing Address**

5601 Royal Palm Beach Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

**4. FEI Number**

650806142

**Applied For**

Not Applicable

**Zip**

33411

**Country**

Palm Beach

**Zip**

33411

**Country**

Palm Beach

**5. Certificate of Status Desired** ☒ **Vote**

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Howard Hube

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

5601 Royal Palm Beach Blvd

**City**

West Palm Beach

**FL**

**Zip Code**

33411

**DO NOT WRITE  
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**

Howard Hube

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02

**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 \$81.25**

**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**

<b>TITLE</b>	President
<b>NAME</b>	Howard Hube
<b>STREET ADDRESS</b>	5601 Royal Palm Bch Blvd.
<b>CITY-ST-ZIP</b>	West Palm Beach, FL 33411
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
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<b>CITY-ST-ZIP</b>	

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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:** Howard Hube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

**Date**

(561) 722-1945

**Daytime Phone #**

CR2E034B (12/01)

ATTACH # PG 80000062468/643533

4/17/02

Please note Change of address:

Hube Enterprises, Inc.  
5601 Royal Palm Bch. Blvd.  
~~West~~ Palm Beach, FL  
33411

Thank you,



Howard Hube,  
President