

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008818

1. Entity Name
H.T. OF SOUTH FLORIDA, INC.

Principal Place of Business

2232 NW 82ND AVE.
MIAMI FL 33126

Mailing Address

2232 NW 82ND AVE.
MIAMI FL 33126

2. Principal Place of Business

777 NW 72nd Ave

3. Mailing Address

% Carla Kops 777 NW 72nd Ave

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

311

City & State

Miami, FL

City & State

Miami FL

Zip

Country

33126 USA

Zip

Country

33126 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELBAZ, JEAN-MICHEL
2232 NW 82ND AVE.
MIAMI FL 33126

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ELBAZ, JEAN-MICHEL	
STREET ADDRESS	2127 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENSOUSSAN, PATRICK	
STREET ADDRESS	41 RUE DU DOCTEUR TERVER	
CITY-ST-ZIP	COZAD NE 69130	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TORNBERG, ANNA	
STREET ADDRESS	2127 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10275 Collins Ave Appt 809
CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10101 Collins Ave Appt 14B
CITY-ST-ZIP	Bal Harbour FL 33154
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10275 Collins Ave Appt 809
CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Michel Elbaz 04/25/01

3052668141

Date

Daytime Phone #

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90160 019 ***150.00

00045628



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890715 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)