

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 026 ***150.00

DOCUMENT # P99000066979

1. Entity Name

H.K.M.L. Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 Lake Ida Rd

Suite, Apt. #, etc.

3. Mailing Address

2200 Lake Ida Rd

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

City & State

Delray Bch, FL

Zip

33445

Country

4. FEI Number

65-0936730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Harriet A. Lerman

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

2545 N.W. 13th Ct

City

Delray Beach

FL

Zip Code

33445

**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

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)

January 15 May 15 Fee is \$150.00

After May 15 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	P
NAME	Harriet Lerman
STREET ADDRESS	2545 N.W. 13th Ct.
CITY-ST-ZIP	Delray Bch, FL 33445

TITLE	
NAME	
STREET ADDRESS	
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

561-2740208

Date

Daytime Phone

CFR2034B (12/01)