

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 026 ***150.00

DOCUMENT # **999000006170**

1. Entity Name

HOLLY HUNT MIAMI, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3833 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

3833 NE 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33137

Country

US

Zip

33137

Country

US

4. FEI Number

58-2437360

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LUBITZ, CHARLES A. ESQ

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

515 N. FLAGLER DR., STE 1700

City

WEST PALM BEACH

FL

Zip Code

33401

**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 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	D
NAME	HUNT, HOLLY
STREET ADDRESS	801 W. ADAMS, SUITE 700
CITY-ST-ZIP	CHICAGO, IL 60607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 and authorized 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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOLLY HUNT

Date

4/24/02

Daytime Phone #

312-799-7517

CR2E034B (12/01)