## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 652084 DOCUMENT #

1. Entity Name

NELSON J. HENDRIKSE, P.A.



## **FILED** Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90151 020 \*\*\*150.00

						NEW TEST	-					
Principal Plac 13200 S.W. 12 E-1 MIAMI FL 3318 US	8 STREET		13200 E-1 MIAMI US	g Address S.W. 128 ST FL 33186								
2. Principal Place of Business			3. Mailing Address								011 0101; 1841	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 59-1996324 Applied For Not Applicable				
Zip Country			Zip				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name an	Registere	Registered Agent			7, 1	7. Name and Address of New Registered Agent					
and the second s				Name								
HENDRIKSE, NELSON J 7401 SW 148 ST.			Ι.	<del></del>			fress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33158												
						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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signature, typed or pr	inted name of registered agent	and title if appl	icable. (NQT	E: Registered	d Agent signature require	ed when re	einstating) Di	ATE.			
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 orida Department o	of State					Election Campaign Financing     Trust Fund Contribution.	ı		May Be to Fees	
10.		DIRECTO					L DDITIONS/CHANGES TO OFFICERS	AND DII	RECTORS	IN 11		
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NAME STREET ADDRESS CITY-ST-ZIP	HENDRIKSE, 7401 SW 148 MIAMI FL	NELSON ST.		L. Delete	NAME STRE	i i			_	onange		
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	ertify that the int	ormation supplied with	n this filing	does not qualify for			ection :	119.07(3)(i), Florida Statutes. I further	r certify t	hat the in	formation	
indicated	on this report or	ounniamontal report is		an wate and that a	Until			Land office as Western Colors and the	- 6 1	(f)	direction!	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: