

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90406 040 \*\*\*\*50.00

DOCUMENT # L000000013954

1. Entity Name

HENMILEST CONSULTANTS, LLC.

Principal Place of Business

Mailing Address

NEW ADDRESS  
 BELOW

NEW ADDRESS  
 BELOW

2. Principal Place of Business

8051 NW 36<sup>th</sup> STREET

3. Mailing Address

8051 NW 36<sup>th</sup> STREET

Suite, Apt. #, etc.

SUITE 600B-1

Suite, Apt. #, etc.

SUITE 600B-1

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1055309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEW REGISTERED AGENT  
 e/ ADDRESS →

7. Name and Address of New Registered Agent

Name JOSE G. TOVAR

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

90 ARIAS TOVAR & ASSOCIATES, P.A.

8180 NW 36<sup>th</sup> ST, SUITE 100

City

MIAMI

FL

Zip Code

33166

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

JOSE G. TOVAR REG. AGENT

15 MAY 02

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 \$ 50.00**  
**After MAY 1, 2001 Fee will be \$ 50.00**  
**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

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR<br>RIVERA, ANDRES<br>710 STANTON DRIVE<br>WESTON, FL 33326     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR<br>BRILEÑO, DOUGLAS<br>2335 ROYAL PALM WAY<br>WESTON, FL 33327 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MBR/MGR<br>MOZA, WILLIAM<br>710 STANTON DRIVE<br>WESTON, FL 33326  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*William MBR/MGR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 MAY 02 (305) 592-8435

Date

Daytime Phone #

CR20034 (11/00)