

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003416

1. Entity Name

HENCORP BECSTONE FUTURES, L.C.

Principal Place of Business

777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131

Mailing Address

777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131-2807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0886253

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRIQUEZ, RAUL
777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003258495--0
-05/19/00--01006--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HENRIQUEZ, VICTOR	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input type="checkbox"/>
MGR	HENRIQUEZ, RAUL	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input type="checkbox"/>
MGR	CAMPANO, SIXTO	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input checked="" type="checkbox"/>
MGR	SCHAPS, OSCAR L	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input type="checkbox"/>
MGR	DE LA ROCHE, HERNANDO	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input type="checkbox"/>
MGR	PARODI DEL RIO, GONZALO	777 BRICKELL AVENUE, SUITE 1010	MIAMI FL 33131	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature of Raul Henriquez
HENRIQUEZ, RAUL

4/27/00

(305) 373-9000