

2001 UNIFORM BUSINESS REPORT (UBR)

0008612 AF

DOCUMENT # L98000003416

1. Entity Name
HENCORP BECSTONE FUTURES, L.C.

FILED

01 MAR 21 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131

Mailing Address
777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886253**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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*****50.00 *****50.00

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)