

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 023 ***150.00

00055178

DO NOT WRITE IN THIS SPACE

DOCUMENT # **109078**

1. Entity Name

Henters America Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

40 East 52nd St

3. Mailing Address

1700 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NY NY

City & State

NY NY

Zip

10022

Country

USA

Zip

10019

Country

USA

4. FEI Number

13-3320829

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

The Venture Hall Corp. System, Inc.
1201 Hays Street
Tallahassee, Florida 32301

7. Name and Address of New Registered Agent

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	AS Friedlick, Rochelle	☐ Delete
NAME	1700 Broadway	
STREET ADDRESS	NY, NY 10019	
CITY-ST-ZIP		
TITLE	D/P Blocher, Thomas H.	☐ Delete
NAME	40 E. 52nd St	
STREET ADDRESS	NY, NY 10022	
CITY-ST-ZIP		
TITLE	S/S Friedlick, John B.	☐ Delete
NAME	1700 Broadway	
STREET ADDRESS	NY, NY 10019	
CITY-ST-ZIP		
TITLE	S Albright, Graham	☐ Delete
NAME	40 E. 52nd St	
STREET ADDRESS	NY, NY 10022	
CITY-ST-ZIP		
TITLE	D Distel, David	☐ Delete
NAME	40 E. 52nd St	
STREET ADDRESS	NY, NY 10019	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rochelle Friedlick

Date

Daytime Phone #

3/20/00 212-603-3577

CR2E034 (9/99)