

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032456

1. Entity Name
THE HENRIQUES GROUP, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90034 027 ***150.00

Principal Place of Business Mailing Address
1001 BRICKELL BAY DR P O BOX 560206
SUITE 2310 MIAMI FL 33256-0206
MIAMI FL 33131 US
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1001 Brickell Bay Dr Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1710

City & State City & State
miami FL FL

Zip Country Zip Country
33131 USA

4. FEI Number 65-0561610 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HENRIQUES, GENNIEVE
1001 BRICKELL BAY DR
SUITE 2310
MIAMI FL 33131

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]* DATE: 4.13.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HENRIQUES, GENNIEVE 1001 BRICKELL BAY DR, SUITE 2310 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUES, OWEN 1001 BRICKELL BAY DR, SUITE 2310 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr H 1710 miami FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr H 1710 miami FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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]* DATE: 4.13.00 DAYTIME PHONE #: 305-375-0075
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)