

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90049 017 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011721 ✓

1. Entity Name

HEINEN & HOPMAN, INC.

Principal Place of Business
 1600 SE 17TH ST
 STE 406

Mailing Address
 P O BOX 460310

FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33346
 US US

2. Principal Place of Business
 6555 N. Powerline Road

3. Mailing Address

Suite, Apt. #, etc.
 Suite 401

Suite, Apt. #, etc.

City & State
 Ft. Lauderdale, FL

City & State

4. FEI Number
 65-0898410

Applied For
 Not Applicable

Zip
 33309

Country
 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

NELSON, NILS
 1600 SE 17TH ST
 STE 406
 FT. LAUDERDALE, FL 33316


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 6555 N. Powerline Road, Ste 401

City Ft. Lauderdale FL Zip Code 33309

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | NELSON, NILS | |
| STREET ADDRESS | P O BOX 460310 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33346 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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|----------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
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| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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

4/22/00

Date

(954) 928-0844

Daytime Phone #

CR2E034 (9/99)