

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90102 001 ***150.00

DOCUMENT # **P99000011721**

1. Entity Name

HEINEN & HOPMAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 460310

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 460310

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0898410

Applied For

Not Applicable

Zip

33346

Country

Broward

Zip

33346

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Nelson Nils C.

Street Address (P.O. Box Number is Not Acceptable)

1301 River Reach Drive

10V

City **Fort Lauderdale**

FL

Zip Code

33345

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

Nils C. Nelson **Nils C. Nelson**

5/30/02

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when relocating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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: **President**
NAME: **Nelson, Nils C.**
STREET ADDRESS: **P.O. Box 460310**
CITY-ST-ZIP: **Fort Lauderdale, FL 33346**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nils C. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 (954) 928-0844

Date

Daytime Phone #