


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90132 034 ***150.00

DOCUMENT # P99000011721

1. Entity Name
HEINEN & HOPMAN, INC.



Principal Place of Business
PO BOX 460310
FORT LAUDERDALE FL 33346

Mailing Address
PO BOX 460310
FORT LAUDERDALE FL 33346

2. Principal Place of Business
3213 S. Andrews Ave.
Suite, Apt. #, etc.

3. Mailing Address
3213 S. Andrews Ave.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33316

Country
USA

Zip
33316

Country
USA

4. FEI Number **65-0898410** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NELSON, NILS C
1321 RIVER REACH DR. 102
FORT LAUDERDALE FL 33345

7. Name and Address of New Registered Agent
Name **Blom, Ronald**
Street Address (P.O. Box Number is Not Acceptable)
3211 S. Andrews Ave
City **Ft. Lauderdale FL** Zip Code **33316**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HOPMAN, CEES	1600 S.E. 17TH ST. STE. 406	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
DV	HOPMAN, JOEP	1600 S.E. 17TH ST. STE. 406	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
P	NELSON, NILS	PO BOX 460310	FT LAUDERDALE FL 33346	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 207, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RJB* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/13/03 Daytime Phone # _____

CR2E034 (10/02)



CHECK HERE IF MAKING CHANGES