

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850344

1. Entity Name

**EHDEN N.V.**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90186 025 \*\*\*150.00

Principal Place of Business <b>C/O OWEN S FREED 2200 MUSEUM TWR., 150 W. FLAGLER ST. MIAMI FL 33130</b>	Mailing Address <b>C/O OWEN S FREED 2200 MUSEUM TWR., 150 W. FLAGLER ST. MIAMI FL 33130</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Dorothy M. Hays</b>	3. Mailing Address <b>1016 24th Avenue</b>
Suite, Apt. #, etc. <b>1016 24th Avenue</b>	Suite, Apt. #, etc. <b>1016 24th Avenue</b>
City & State <b>Vero Beach, FL 32960</b>	City & State <b>Vero Beach, FL 32960</b>
Zip <b>32960</b>	Country <b>USA</b>

4. FEI Number <b>98-0049908</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREED, OWEN S  
2200 MUSEUM TOWER  
150 W. FLAGLER ST.  
MIAMI FL 33130**

Name <b>ROBERT V. SCHWERER, ESQ.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>519 South Indian River Drive</b>
City <b>Fort Pierce, FL</b>
Zip Code <b>34950</b>

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: **ROBERT V. SCHWERER, ESQ.** DATE: **3/22/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANGIEH-SAYEGH, MICHEL</b> <b>CALLE LUIS ROCHE NO. 30</b> <b>CARACAS VENEZUELA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE SAYEGH, YVONNE</b> <b>CALLE LUIS ROCHE NO. 30</b> <b>CARACAS VENEZUELA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AF</b> <b>FREED, OWEN</b> <b>150 W. FLAGLER ST. #2200</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAYEGH, FOUAD</b> <b>CALLE L ROCHE NO. 30</b> <b>CARACAS VE</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Dorothy M. Hays** DATE: **4/6/00** DAYTIME PHONE #: **561-562-398**

CR2E034 (9/99)