

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90216 048 ***150.00

DOCUMENT # 850344

1. Entity Name
EHDEN N.V.

Principal Place of Business

**C/O DOROTHY M HAYS
1016 24TH AVE
VERO BEACH FL 32960
US**

Mailing Address

**1016 24TH AVE
VERO BEACH FL 32960
US**

2. Principal Place of Business

2519 S. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 380

City & State

Ft. Pierce FL

City & State

Coral Gables, FL

4. FEI Number

59-3667363

Applied For

Not Applicable

Zip

34982-5922

Country

USA

Zip

33134-7402

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHWERER, ROBERT V
519 S INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name: **Albert J Fraga**
Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle
Suite 380
City: **Coral Gables** **FL** Zip Code: **33134**

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.

Albert J. Fraga

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **FRANGIEH-SAYEGH, MICHEL**
CITY-ST-ZIP **CALLE LUIS ROCHE NO. 30
CARACAS VENEZUELA**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DE SAYEGH, YVONNE**
CITY-ST-ZIP **CALLE LUIS ROCHE NO. 30
CARACAS VENEZUELA**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SAYEGH, FOUAD**
CITY-ST-ZIP **CALLE L ROCHE NO. 30
CARACAS VE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED FOUAD SAYEGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)