

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

DOCUMENT # **372916**

1. Entity Name

HEY PAR INC



03 MAY 19 AM 10:28
04-10-2003 90153 022 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

10064929

2. Principal Place of Business

2870 N.E. 36th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUD, FLA

City & State

Am B

4. FEI Number

Applied For

☒ Not Applicable

Zip

33308

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NOLA HENRY

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

2870 NE 36th ST.

City

FT LAUD

FL

Zip Code

33308

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 15-May 15 Fee is \$150.00

After May 15 Fee is \$350.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	NOLA HENRY
STREET ADDRESS	2870 N.E. 36th ST
CITY-ST-ZIP	FT LAUD, FLA 33308
TITLE	TREASURER
NAME	NOLA HENRY
STREET ADDRESS	2870 N.E. 36th ST
CITY-ST-ZIP	FT LAUD, FLA 33308
TITLE	SECRETARY
NAME	NOLA HENRY
STREET ADDRESS	2870 N.E. 36th ST
CITY-ST-ZIP	FT LAUD, FLA 33308
TITLE	REGINA NELSON
NAME	2514 N.E. 24th ST
STREET ADDRESS	FT LAUD, FLA 33305
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOLA HENRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-03

Daytime Phone #

1-984-561-4673

CR2E034B (12/02)