

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 048 ****61.25

DOCUMENT # 734903

1. Entity Name

HINENI OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P O BOX 763
 MIAMI FL 33163

P O BOX 763
 MIAMI FL 33163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1644921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHWARZBAUM, EITAN
1085 NE 176 ST
N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name

Naomi Schwarzbaum

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

1085 NE 176 Street

City

N. Miami Bch

FL

Zip Code

33162

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 Naomi Schwarzbaum Naomi Schwarzbaum DATE 5/6/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **PD PRAVDA, DON**
 STREET ADDRESS **16345 W DIXIE HWY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE Delete
 NAME **TD LEVY, BRUCE, DR.**
 STREET ADDRESS **1030 NE 177 TER**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE Delete
 NAME **CD SCHWARZBAUM, EITAN**
 STREET ADDRESS **1085 NE 176TH ST.**
 CITY-ST-ZIP **NORTH MIAMI BCH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME **V.P. Naomi Schwarzbaum**
 STREET ADDRESS **1085 NE 176 ST**
 CITY-ST-ZIP **N.M.B. FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: Naomi Schwarzbaum Naomi Schwarzbaum DATE 5/6/01 **305 948 4357**

CR2E037 (10/00)