

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

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

☐ Delete

TITLE  
NAME VPD  
STREET ADDRESS SCHARZBAUM, NAOMI  
CITY-ST-ZIP 1085 NE 176 ST  
NORTH MIAMI BEACH FL 33162

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

4-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-30-2002 90199 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)