

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 Mailing Address
C/O OWEN S FREED
2200 MUSEUM TWR., 150 W. FLAGLER ST.
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
1016 24th Avenue
Suite, Apt. #, etc.
1016 24th Avenue
City & State
Vero Beach, FL 32960
Zip Country
32960 USA

4. FEI Number **98-0049908** 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

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

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

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.**

3/22/00
DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dorothy M Hays**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 **561-562-388**
Date Daytime Phone #

CR2E034 (9/99)