

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

059000

DOCUMENT # F00000003312

1. Entity Name
HONIRON CORPORATION

04-03-2001 90086 044 ***150.00

| | |
|--|--|
| Principal Place of Business PO BOX 620 JEANERETTE LA 70544 | Mailing Address PO BOX 620 JEANERETTE LA 70544 |
|--|--|

C0040706



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 72-1400649 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| POTIER, BENJAMIN 3930 NORTH US 27 N.W. MOORE HAVEN FL 33471 | | | | 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 _____ 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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------|--|--|---|----------------------|---------------------------------|--|
| TITLE | PCD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GIARDINA, JACOB A | | | NAME | | | |
| STREET ADDRESS | 400 S. CANAL ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JEANERETTE LA | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODRIGUE, KENNETH | | | NAME | | | |
| STREET ADDRESS | 400 S. CANAL ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JEANERETTE LA | | | CITY-ST-ZIP | | | |
| TITLE | STD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIROIS, JAMES | | | NAME | | | |
| STREET ADDRESS | 400 S. CANAL ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JEANERETTE LA | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIAZ, EDGARDO | | | NAME | | | |
| STREET ADDRESS | 400 S. CANAL ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JEANERETTE LA | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TULEU, JEAN-MARC | | | NAME | | | |
| STREET ADDRESS | 400 S. CANAL ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JEANERETTE LA | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | STEVENS WILLETT | | |
| STREET ADDRESS | | | | STREET ADDRESS | 400 S. CANAL ST | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | JEANERETTE, LA 70544 | | |

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: *Joseph Giardina* 3/28/01 339-276-6314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)