

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55829

1. Entity Name

HALCON INTERNATIONAL CORPORATION

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90042 015 ***150.00

Principal Place of Business

8317 NW 66TH STREET
MIAMI FL 33166

Mailing Address

8317 NW 66TH STREET
MIAMI FL 33166

2. Principal Place of Business

8310 N.W. 68 St.

3. Mailing Address

8310 N.W. 68 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number 59-2155218

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

HALPHEN, ROGER A
8317 NW 66TH ST
MIAMI FL 33166

Name

N/A

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

R. G. Halphen N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PS
NAME HALPHEN, ROGER A
STREET ADDRESS 8317 NW 66TH STREET
CITY-ST-ZIP MIAMI, FL 0 ☐ Delete

TITLE PS
NAME HALPHEN, ROGER A
STREET ADDRESS 8310 N.W. 68 STREET
CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

305/599-1322

Daytime Phone #

CR2E034 (10/00)