

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90139 047 ***150.00

DOCUMENT # F59009

1. Entity Name

DAVID HINCKEN, INC.

Principal Place of Business

Mailing Address

6635 WEST COMMERCIAL BLVD.
 STE. 202
 TAMARAC FL 33319
 US

6635 WEST COMMERCIAL BLVD.
 STE. 202
 TAMARAC FL 33319-2150
 US

2. Principal Place of Business

4606 NW 46 ST

3. Mailing Address

4606 NW 46 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac FL

City & State

Tamarac, FL

4. FEI Number

59-2172506

Applied For

Not Applicable

Zip

Country

33319 US

Zip

Country

33319 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINCKEN, DAVID A.
6635 W COMMERCIAL BLVD
STE 202
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4606 NW 46 ST
 City *Tamarac* **FL** Zip Code *33319*

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 *David A. Hincken*
 Signature, typed or printed name of registered agent and title if applicable.

David A. Hincken
 (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HINCKEN, DAVID A.		NAME:	
STREET ADDRESS: 4606 NW 46TH ST		STREET ADDRESS:	
CITY-ST-ZIP: TAMARAC FL		CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ARMENO, JOSEPHINE		NAME:	
STREET ADDRESS: 3431 N.W. 47TH AVE		STREET ADDRESS:	
CITY-ST-ZIP: COCONUT CREEK FL		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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:

David A. Hincken
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

904-731-5453

CR2E034 19/99