

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006220

1. Entity Name

HEYS (USA), INC.

Principal Place of Business

7500 N.W. 81ST PLACE. UNIT 3  
MIAMI FL 33166

Mailing Address

7500 N.W. 81ST PLACE. UNIT 3  
MIAMI FL 33166

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

52-2173066

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIMEN, THOMAS  
C/O EASTON & ASSOCIATES  
10165 NW 19TH ST.  
MIAMI FL 33192

7. Name and Address of New Registered Agent

Name

Frank Rosillo

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

8600 N.W. 53rd Terrace

Suite 201

City

Miami

FL

Zip Code

33166

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

Accountant

4/7/00

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	SHEIKH, YAHYA M	
STREET ADDRESS	4504 ANDIRON CT.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA L5V1C-8	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	SHEIKH, HAROON Y.	
STREET ADDRESS	4504 ANDIRON CT.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA L5V1C-8	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHEIKH, RAISA Y	
STREET ADDRESS	4504 ANDIRON CT.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA L5V1C-8	
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"/> 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
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROON SHEIKH

Date

MARCH 06, 2000 629-9720

Daytime Phone #

CR2E034 (9/99)