

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90022 044 \*\*\*150.00

**825705**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** H60922

**1. Entity Name**  
H.E.N. Realty Co.

**Principal Place of Business**  
c/o Dale DeSimone  
108 N. Magnolia Ave Ste 314  
Ocala, Florida 34475

**Mailing Address**  
c/o Dale DeSimone  
108 N. Magnolia Ave Ste 314  
Ocala, Florida 34475

**2. Principal Place of Business**  
108 N. Magnolia Ave  
Suite, Apt. #, etc.  
Suite # 314  
City & State  
Ocala, Florida  
Zip  
34475  
Country  
U.S.A.

**3. Mailing Address**  
108 N. Magnolia Ave  
Suite, Apt. #, etc.  
Suite # 314  
City & State  
Ocala, Florida  
Zip  
34475  
Country  
U.S.A.

**4. FEI Number**  
59-2542768  
Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Dale W. DeSimone  
108 N. Magnolia, Ste- 314  
Ocala, Florida 34475

**7. Name and Address of New Registered Agent**  
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** \_\_\_\_\_  
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, 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Mendler		NAME		
STREET ADDRESS	551 Observer Highway		STREET ADDRESS		
CITY-ST-ZIP	Hoboken, N.J. 07030		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise-Marie Kaire Mendler		NAME		
STREET ADDRESS	551 Observer Highway		STREET ADDRESS		
CITY-ST-ZIP	Hoboken, N.J. 07030		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:** Joseph Mendler **3/10/00 212-255-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)