## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) J85915 **DOCUMENT #**

1. Entity Name

HESSEN & HESSEN, INC.



<u> </u>			_			OWE.	·					
Principal Place of Business Mailing Address												
7380 RED RD., STE. 202				7380 RED RD., STE. 202			ļ					
SOUTH MIAMI FL 33143			SOUTH	SOUTH MIAMI FL 33143				*. · · ·		. ,		
								L (A B) (A B A B B A B A B) A (A B) A B A B	J HOLDE ARIJ OM	IL BATOL ČIANE DINA		
	· <u>-</u> .	<u>.</u>										
2. Principal	Place of Busine	ess.	<b>3.</b> Mail	3. Mailing Address				1 1001110 0101 10101 01110 1010	F II BARA BANK BANK	A DIDAH DABAH DIDAH		
Suite, Apt. #, etc.				0.71								
Suite, Ap	n. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HE	RE IF MAKI	NG CHANGES	3	
City & Sta	ate		City	City & State				SELV. 1			<del></del>	
277, 37, 37,	1		City	5.1, 0.5.2.0			4.	4. FEI Number 59-1290547 Applied For Not Applicable				
Zip Country			Zip	Zip		Country			·-··			
							5.	5. Certificate of Status Desired See Required Fee Required				
	6. Name :	and Address of Curre	nt Registere	d Agent			7.	Name and Address of Nev	w Registere	d Agent		
		_				-Name ≃∞		out in the income	. فيومد المادة .	- <del> </del>		
	stephen, s			Stroot			ress (P.O. Box Number is Not Acceptable)					
606 SUGARWOOD WAY				Street Address (I			21622 (L.O. E	oux inumber is not Accepta	ible)			
MELBOURNE FL 32940												
								<del></del>		···	<del>-</del>	
						City			F	Zip Cod	de	
8. The above	e named entity	submits this statement	for the purpo	se of changing its	registere	d office or re	egistered ag	gent, or both, in the State of	Florida. I a	m familiar with.	and accept	
the obliga	ations of registe	red agent.					_				,	
SIGNATURE												
	Signature, typed or	printed name of registered age	ent and title if applic	cable. (NOT	E: Registered	Agent signature	required when re	einstating)	DATE			
F	FILE NOW!!!	FEE IS \$150.00		*·*								
After May 1, 2003 Fee will be \$550.00								9. Election Campaign		\$5.0	<b>)0</b> May Be	
Make Chec	k Payable to I	Florida Department	of State					Trust Fund Contribu	tion.	Adde	d to Fees	
10. OFFICERS AND							ΔΠ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD			☐ Delete	TITLE	T	70	DITIONS/CHANGES TO O	TEICENS AI			
NAME	HESSEN, VI	rginia lee		Car Doloto	NAME					☐ Change	Addition	
STREET ADDRESS	606 SUGAR					ADDRESS						
CITY-ST-ZIP	MELBOURN	E FL			CITY-S	ST-ZIP						
TITLE	V			☐ Delete	TITLE				·	☐ Change	Addition	
NAME		Tephen, Sr.			NAME					Onlings		
STREET ADDRESS	1000 0000 11111			STR								
CITY-ST-ZIP	MELBOURNI	E FL			CITY-S	T-ZIP						
TITLE	S	و مهاد برجاء نهم		Delete	TITLE					☐ Change	☐ Addition	
NAME	HESSEN, AN				NAME			-	الحقدة والأ	. —		
STREET ADDRESS		ט				ADDRESS						
CITY-ST-ZIP	S MIAMI FL	<del> </del>			CITY-S	T-ZIP						
TITLE	[ ]	********		☐ Delete	TITLE				,	☐ Change	Addition	
NAME	FAIRCHILD,				NAME							
STREET ADDRESS CITY-ST-ZIP	616 SUGARN					ADDRESS						
	IMELBOORINE	: FL			CITY-S	T-ZIP						
TITLE NAME				Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME							
CITY-ST-ZIP						ADDRESS					}	
			·		CITY-S1	1-ZIP						
TITLE Name				☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS					NAME	ADDDECC						
	J				JIKEE!	ADDRESS						

12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other (keg empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

**FILED** 

03-21-2003 90071 027 \*\*\*150.00

Mar 21, 2003 8:00 am s Secretary of State