

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 001 ***555.00

DOCUMENT # K00180

1. Entity Name
HEC TRADING, INC.

Principal Place of Business

**14847 BALGOWAN RD
#201
MIAMI LAKES FL 33016
US**

Mailing Address

**7957 NW 64TH STREET
MIAMI FL 33166
US**

2. Principal Place of Business

5400 NW 159TH ST.

3. Mailing Address

5400 NW 159TH ST

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

219

City & State

MIAMI LAKES

City & State

MIAMI LAKES

4. FEI Number

65-0026985

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALAZANS, HERIQUE DE SOU
14847 BALGOWAN RD
102-7A
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name **HENRIQUE DE SOUSA CALAZANS**

Street Address (P.O. Box Number is Not Acceptable)
5400 NW 159TH ST #219

City **MIAMI LAKES**

FL

Zip Code

33014

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PDS** ☒ Delete
NAME **CALAZANS, HENRIQUE**
STREET ADDRESS **15519 MIAMI LAKE WAY NORTH #201**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **PDS** ☐ Delete
NAME **HENRIQUE DE SOUSA CALAZANS**
STREET ADDRESS **5400 NW 159TH ST #219**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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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: **Henrique De Calazans**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.8.02 305 621-9788

Date

Daytime Phone #

CR2E034 (4/02)