

# 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

DO NOT WRITE IN THIS SPACE



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

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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: **Henrique De Calazans**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.8.02**

Date

**305 621-9788**

Daytime Phone #

CR2E034 (4/02)