

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90016 036 \*\*\*\*50.00

**DOCUMENT # L00000004107**

1. Entity Name

**HENCORP VENTURE PARTNERS, LLC**

Principal Place of Business

777 BRICKELL AVENUE, SUITE 1010  
MIAMI FL 33131

Mailing Address

777 BRICKELL AVENUE, SUITE 1010  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEFELER, GEORGE  
701 BRICKELL AVENUE, SUITE 2000  
MIAMI FL 33131

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

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR HENRIQUEZ, RAUL 777 BRICKELL AVENUE, SUITE 1010 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

65-1088437

OMB No. 1545-0003

Attachment  
# 27438  
# 00000047100

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>HENCORP VENTURE PARTNERS, LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>777 BRICKELL AVENUE, SUITE: 1010</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>MIAMI, FLORIDA 33131</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>MIAMI-DADE COUNTY, STATE OF FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>589-30-5769</b> <b>RAUL HENRIQUEZ FOR HENCORP BECSTONE, LC MEMBER OF HENCORP VENTURE PARTNERS, LLC</b>	

**8a Type of entity (Check only one box.) (see instructions)**

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) _____                    | <input type="checkbox"/> Estate (SSN of decedent) _____ |
| <input checked="" type="checkbox"/> Partnership                         | <input type="checkbox"/> Personal service corp. _____   |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> National Guard                 |
| <input type="checkbox"/> State/local government                         | <input type="checkbox"/> Farmers' cooperative           |
| <input type="checkbox"/> Church or church-controlled organization       | <input type="checkbox"/> Trust                          |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ | <input type="checkbox"/> Federal government/military    |
| <input type="checkbox"/> Other (specify) ► _____                        | (enter GEN if applicable) _____                         |

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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**9** Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <b>INVESTMENT COMPANY</b>	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

**10** Date business started or acquired (month, day, year) (see instructions)  
**APRIL 2000**

**11** Closing month of accounting year (see instructions)  
**DECEMBER 31**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **NONE**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural	Agricultural	Household
0	0	0

**14** Principal activity (see instructions) ► **INVESTMENT COMPANY**

**15** Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ► \_\_\_\_\_

**16** To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ► \_\_\_\_\_

**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
( 305 ) 373-9000Fax telephone number (include area code)  
( 305 ) 373-0059Name and title (Please type or print clearly.) ► **RAUL HENRIQUEZ FOR HENCORP BECSTONE, LC**

Signature ►

Date ► 4/4/01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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