

2001 UNIFORM BUSINESS REPORT (UBR)

0014545 AF

DOCUMENT # L00000006237

1. Entity Name
HECONET LLC

FILED

01 FEB 26 AM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% MICHAEL A. CECERE, CPA, PA
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431

Mailing Address
% MICHAEL A. CECERE, CPA, PA
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street

MICHAEL A. CECERE, C.P.A.
2200 N. FEDERAL HWY., SUITE 214
BOCA RATON, FL 33431

City

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

M A Cecere CPA
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003803425--7
-03/07/01--01003--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MAYER, HORST
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CECERE, MICHAEL A
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROERMAN, HEINZ-JURGEN
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

M A Cecere CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-22-01

Date

368-1190

Daytime Phone #

CR2E083 (11/00)