

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90087 048 \*\*\*\*\*50.00

**DOCUMENT # L00000006237**

1. Entity Name

**HECONET LLC**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL A CECERE, CPA**  
**2200 N FEDERAL HWY, STE 214**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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, Vice Operating Manager* 3-4-02 368-1190

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

Date

Daytime Phone #

CR2E083 (9/01)