

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012876 AF

DOCUMENT # L00000013954

1. Entity Name  
HENMILEST CONSULTANTS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:11

Principal Place of Business  
1427 LANTANA COURT  
WESTON FL 33326

Mailing Address  
1427 LANTANA COURT  
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

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

TOVAR, ILEANA ARIAS  
9900 STIRLING ROAD, SUITE 218  
COOPER CITY FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
MGR RIVERA, ANDRES  
STREET ADDRESS 1427 LANTANA COURT  
CITY-ST-ZIP WESTON FL 33326

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGR BRICEMO, DOUGLAS  
STREET ADDRESS 2535 ROYAL PALM WAY  
CITY-ST-ZIP WESTON FL 33327

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGR MORA, WILLIAM  
STREET ADDRESS 1427 LANTANA COURT  
CITY-ST-ZIP WESTON FL 33326

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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: [Signature] **SIGNATURE REQUIRED** Date: 3/2/01 Daytime Phone # \_\_\_\_\_

CR2E083 (11/00)