

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90829 048 ***150.00

DOCUMENT # L26049

1. Entity Name
THE HEAFEY GROUP (FLORIDA), INC.



Principal Place of Business
1717 N. BAYSHORE DR.
SUITE 4032
MIAMI FL 33132
US

Mailing Address
1717 N. BAYSHORE DR.
SUITE 4032
MIAMI FL 33132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0172155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAFEY, NATHALIE
1717 N. BAYSHORE DR.
SUITE 4032
MIAMI FL 33132

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|--|------|------------------|---|--|-------|----------------|---|
| <input checked="" type="checkbox"/> Delete | D | LANOUE, DENIS | 372 AVENUE PRINCIPALE 103 GATINEAU, QUEBEC, CAN. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D/P/S | HEAFEY, PIERRE | 1717 North Bayshore Drive #102 Miami, FL 33132 |
| <input checked="" type="checkbox"/> Delete | PS | LANOUE, DENIS | 372 AVE. PRINCIPALE #103 GATINEAU, QUEBEC, CD. | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input checked="" type="checkbox"/> Delete | V | BEATTIE, LYNN | 372 AVE. PRINCIPALE #103 GATINEAU, QUEBEC, CD. | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | T | HEAFEY, NATHALIE | 372 AVE. PRINCIPALE #103 GATINEAU, QUEBEC, CD. | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)