

2001 UNIFORM BUSINESS REPORT (UBR)

0026868 AF

DOCUMENT # L99000002814

1. Entity Name
HENDRA INTERNATIONAL LC

FILED

01 APR 25 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801

Mailing Address
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKATSA, DEBRA GRACE ENGLISH RIVER VICTOIA MAHE SEYCHELLES <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004162820-1 -05/08/01--01098--001 ***2950.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATH, NATALIE ANSE BOILEAU MAHE SEYCHELLES <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Janet M. Caruccio* 4/23/01 302-481-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)