

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17168

1. Entity Name

HENAN CORPORATION

Principal Place of Business

8155 NW 67TH ST
MIAMI FL 33166
US

Mailing Address

12731 S.W. 91 ST.
MIAMI FL 33186-1801

2. Principal Place of Business

8276 N.W. 68 ST

3. Mailing Address

12731 S.W. 91 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33166

USA

33186

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLATNICK, STEVE
10691 N. KENDALL DR.
SUITE 101
MIAMI FL 33176

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PANDURO, ~~NANCY~~ ELENA
STREET ADDRESS 12731 S.W. 91 ST.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE MANAGER - VICE PRESIDENT
NAME PANDURO NANCY
STREET ADDRESS 12731 S.W. 91 ST
CITY-ST-ZIP MIAMI, FL 33186

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90053 029 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2546481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)

1/19/00

Date

305-599-0204

Daytime Phone #