2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90198 018 ***150.00

DOCUMENT # M23833

1. Entity Name
HENCEL CORPORATION

Principal Place of Business	Mailing Address
C/O ANTONIO ALENTADO 1149 S.W. 27TH AVE.. STE. 203 MIAMI FL 33135	C/O ANTONIO ALENTADO 1149 S.W. 27TH AVE.. STE. 203 MIAMI FL 33135

☐ CHECK HERE IF MAKING CHANGES

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 59-2603743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALENTADO, ANTONIO F.
1149 SW 27TH AVENUE STE 203
MIAMI FL 33135

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. 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	D CHAR, AIDA 3731 N. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14315 NW 16th Court Pembroke Pines, Fl. 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAR, HENRY JR. 3731 N. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14315 NW 16th Court Pembroke Pines, Fl. 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAR, OMAR 3731 N. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14315 NW 16th Court Pembroke Pines, Fl. 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAR, MUNIR 3731 N. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14315 NW 16th Court Pembroke Pines, Fl. 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHAR, MIRIAM 3731 N. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14315 NW 16th Court Pembroke Pines, Fl. 33028
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CR2E034 (10/02)

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: X SIGNATURE REQUIRED Aida Char 1/16/03 (305)44-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #