

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90729 042 \*\*\*150.00

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

DOCUMENT # **P00000086248**  
 1. Entity Name **HEDAP INTERNATIONAL TRADE CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8525 KENALD BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA FL.**

City &amp; State

4. FEI Number  
**65-1056998**

Applied For  
 Not Applicable

Zip  
**33637**

Country

Zip

Country

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

## 7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
 IN THIS SPACE**

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 re-registering)

DATE

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**TYRONE DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**JANETH DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**JOSE M. DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**PILAR DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**JOSE M. DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**CRISTINA DE ARNAS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

**JANETH DE ARNAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02

(305) 226 2126

Date

Daytime Phone #

CR2E034B (12/01)