

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90178 049 \*\*\*150.00

**DOCUMENT # P00000095157**



1. Entity Name  
**HENA ENTERPRISES, INC.**

Principal Place of Business  
**11380 PROSPERITY FARMS RD., SUITE 112  
PALM BCH GARDENS FL 33410**

Mailing Address  
**11380 PROSPERITY FARMS RD., SUITE 112  
PALM BCH GARDENS FL 33410**



2. Principal Place of Business  
**4100 Ilex ct**

3. Mailing Address  
**4100 Ilex ct**

CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens**

City & State  
**Palm Beach Gardens**

Zip  
**33410**

Country

4. FEI Number **65-1098811**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FAIRCLOUGH, MICHAEL J  
11380 PROSPERITY FARMS RD., SUITE 112  
PALM BCH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
Name  
**Nazma Akhter**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 Ilex ct**  
City  
**Palm Beach Gardens** FL Zip Code  
**33410**

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 **Nazma Akhter** DATE **02-19-03**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOSSAIN, MD MOSHARRAF 4100 ILEX CT. PALM BCH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AKHTER, NAZMA 4100 ILEX CT. PALM BCH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: **Nazma Akhter** DATE: **02-19-03** DAYTIME PHONE #: **(561) 832-3908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)