

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
Suite, Apt. #, etc.

3. Mailing Address
4100 Ilex ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens
Zip
33410

City & State
Palm Beach Gardens
Zip
33410

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**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOSSAIN, MD MOSHARRAF**
STREET ADDRESS **4100 ILEX CT.**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **AKHTER, NAZMA**
STREET ADDRESS **4100 ILEX CT.**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-03
Date

(561) 832-3908
Daytime Phone #

CR2E034 (10/02)