

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 017 ***150.00

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

DOCUMENT # **P01000037382**

1. Entity Name

HEINHARDT. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7441 N.W. 78 ST

Suite, Apt. #, etc.

3. Mailing Address

7441 N.W. 78 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY FL

City & State

MEDLEY FL

4. FEI Number

65-1123400

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MEINHARDT, ERWIN**

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

7441 NW 78 ST

City **MEDLEY**

FL

Zip Code

33166

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) ☐

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

**PSD
MEINHARDT, ERWIN
7441 NW 78 ST.
MEDLEY FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
MEINHARDT, MARGERY
7441 NW 78 ST
MEDLEY FL 33166**

TITLE
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**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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

954-2497892

Daytime Phone #

CR2E034B (12/01)