

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107129

1. Entity Name  
HONEY INTERNATIONAL, INC.

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

05-28-2002 91608 014 \*\*\*150.00

Principal Place of Business  
2701 SOUTH BAYSHORE DRIVE SUITE 610  
MIAMI FL 33133

Mailing Address  
2701 SOUTH BAYSHORE DRIVE SUITE 610  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
645 Washington Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
645 Washington Avenue  
Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number  
65-1151580

Applied For  
Not Applicable

Zip  
33139

Country  
U.S.A.

Zip  
33139

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent  
B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD SUITE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Anthony Marks Fernandez  
Street Address (P.O. Box Number is Not Acceptable)  
645 Washington Avenue  
City  
Miami Beach, FL  
Zip Code  
33139

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  
Anthony Marks Fernandez  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
4/30/02  
DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/Chairman	<input checked="" type="checkbox"/> Delete	TITLE	D/President + Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey I. Binder		NAME	IVETTE FERNANDEZ	
STREET ADDRESS	2701 S. Bayshore Dr. #610		STREET ADDRESS	2245 SW 128 COURT	
CITY-ST-ZIP	Miami, FL 33133		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D/President	<input checked="" type="checkbox"/> Delete	TITLE	D/VP + SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swordan Binder		NAME	ANTHONY MARKS FERNANDEZ	
STREET ADDRESS	33F Venetian Way Apt. 85		STREET ADDRESS	6609 SW 116 PLACE #F	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blanca Barker		NAME		
STREET ADDRESS	2701 S. Bayshore Dr. #610		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33133		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Marks Fernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/30/02  
Date  
Daytime Phone #

CR2E034 (9/01)