FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P03000101946*

1. Entity Name
Norman C. Henriques Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2070 Cottondale Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Spring Hill, FL.

Zip *34608*   Country *USA*

City & State

Zip   Country

4. FEI Number
75-3130820

Applied For

Not Applicable

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 *Norman C. Henriques*

Street Address (P.O. Box Number is Not Acceptable)
2070 Cottondale Av.

City *Spring H.ll*   FL   Zip Code *34608*

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	*PD*	TITLE	
NAME	*Norman C. Henriques*	NAME	
STREET ADDRESS	*2070 Cottondale Ave*	STREET ADDRESS	
CITY-ST-ZIP	*Spring H.ll, Fl. 34608*	CITY-ST-ZIP	
TITLE	*VD*	TITLE	
NAME	*Claude R. Henriques*	NAME	
STREET ADDRESS	*2070 Cottondale Ave*	STREET ADDRESS	
CITY-ST-ZIP	*Spring H.ll, FL. 34608*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: *Norman C. Henriques*   *2/25/05*

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