

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90034 006 ***150.00

DOCUMENT # P34136

1. Entity Name

HENRY LEE EXPORT CORPORATION

Principal Place of Business

Mailing Address

**3301 NORTHWEST 125TH STREET
 MIAMI FL 33167**

**3301 NORTHWEST 125TH STREET
 MIAMI FL 33167-2409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

66-0475958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNN, GERARDE

**3301 NORTHWEST 125TH STREET
 MIAMI FL 33167**

Name

Steve J. Trocke

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

3301 NW 125 St.

City

Miami

FL

Zip Code

33167

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

Stephen J. Trocke

CFO/VP Finance

4-14-00

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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 ☒ Delete

NAME **NUNN, GERARDE**
 STREET ADDRESS **3301 N.W. 125TH STREET**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete

NAME **JERMAN-EVERT, JULIE**
 STREET ADDRESS **5126 UPPER DRAKE'S PASSAGE #26**
 CITY-ST-ZIP **ST THOMAS**

TITLE ☒ Delete

NAME **PRIMROSE, MICHAEL**
 STREET ADDRESS **3301 NW 125TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete

NAME **ALVARADO, DONALD J**
 STREET ADDRESS **4700 S BOYLE AVE**
 CITY-ST-ZIP **VERNOU CA**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **P/D Schofield, Bob**
 STREET ADDRESS **3301 NW 125 St.**
 CITY-ST-ZIP **Miami, FL 33167**

TITLE ☐ Change ☒ Addition

NAME **V/D Trocke, Steve J.**
 STREET ADDRESS **3301 N.W. 125 St.**
 CITY-ST-ZIP **Miami, FL 33167**

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

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:

REQUIRED

4-14-00

305-685-5851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)