

# 2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91352 037 \*\*\*150.00

DOCUMENT # **P93000065217**

1. Entity Name

**HELENDREX INC.**

Principal Place of Business  
**11651 ROYAL PALM BLVD.  
SUITE 102  
CORAL SPRINGS FL 33065**

Mailing Address  
**1408 S.W. 13TH COURT  
POMPANO BEACH FL 33069  
US**

2. Principal Place of Business

**8211 W BROWARD BLVD**

3. Mailing Address

**8211 W BROWARD BLVD**

Suite, Apt. #, etc.

**350**

Suite, Apt. #, etc.

**350**

City & State

**PLANTATION, FL**

City & State

**PLANTATION, FL**

Zip

**33324**

Country

**U.S.A**

Zip

**33324**

Country

**U.S.A**

4. FCI Number

**85-0435511**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAGY, ENDRENE  
11651 ROYAL PALM BLVD.  
SUITE 102  
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

**FRANK BUTTA, CPA  
8211 W BROWARD BLVD #350**

**PLANTATION**

**FL**

Zip Code

**33324**

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 entity (if applicable)

(NOTE: Registered agent signature required when reappointing)

**4/8/02**

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

**P**  
TITLE: **NAGY, ENDRE**  
NAME: **11651 ROYAL PALM BLVD., STE. 102**  
STREET ADDRESS: **CORAL SPRINGS FL 33065**  
CITY-ST-ZIP: ☐ Delete

**VS**  
TITLE: **NAGY, ENDRENE**  
NAME: **11651 ROYAL PALM BLVD., STE. 102**  
STREET ADDRESS: **CORAL SPRINGS FL 33065**  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition  
TITLE: **8211 W BROWARD BLVD #350**  
NAME: **PLANTATION, FL 33324**  
STREET ADDRESS: ☐ Change ☐ Addition

☒ Change ☐ Addition  
TITLE: **8211 W BROWARD BLVD. #350**  
NAME: **PLANTATION, FL 33324**  
STREET ADDRESS: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(l), 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: **ENDRE NAGY/PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-04-2002**

**(954) 452-8813**