

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90477 018 ***150.00

DOCUMENT # P94000010327

1. Entity Name

HE Shoppe South, Inc. ✓

Principal Place of Business

Mailing Address

21301 Powerline Rd. S/A.

Suite 101
 Boca Raton, FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3315723

Applied For

Not Applicable

Zip

Country

Palm. Bk.

Zip

Country

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

Name:

HARRY J. TENZANO JR.

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

3640 - 4 N. FEDERAL Hwy

City

Light house Pt. FL

Zip Code

33064

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]

HARRY J. TENZANO JR.

4/27/00

Signature, typed or printed name of registered agent and title if applicable

(If FIF Registered Agent signature required, when prescribed)

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		<input type="checkbox"/> Delete
NAME	P. Joseph D. Amoriello	
STREET ADDRESS	9005 OLD Pine Rd.	
CITY- ST- ZIP	Boca Raton FL 33420	
TITLE		<input type="checkbox"/> Delete
NAME	v.p. Angela Amoriello	
STREET ADDRESS	9005 OLD Pine Rd.	
CITY- ST- ZIP	Boca Raton FL 33420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

v.p. Angel Amoriello

4/27/00

561-52-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #