

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038587

1. Entity Name

BILLY-JEAN, INC.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90093 035 \*\*\*150.00

Principal Place of Business

~~310 ALHAMBRA CIRCLE~~  
CORAL GABLES FL 33134  
US

Mailing Address

~~310 ALHAMBRA CIRCLE~~  
CORAL GABLES FL 33134  
US

H0055216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 Douglas Road

Suite, Apt. #, etc.

Suite 607

City & State

Coral Gables, FL

Zip  
33134

Country  
USA

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite 607

City & State

Coral Gables, FL

Zip  
33134

Country  
USA

4. FEI Number 65-0494813

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

HENDRICKS, ROBERT A  
~~310 ALHAMBRA CIRCLE~~  
CORAL GABLES FL 33134

Name

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

2600 Douglas Road

Suite 607

City

Coral Gables

FL

Zip Code  
33134

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 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, 2001 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 D  
STREET ADDRESS HENDRICKS, ROBERT A  
CITY-ST-ZIP ~~310 ALHAMBRA CIRCLE~~  
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2600 Douglas Road, Suite 607  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JOHNSTON, STEVEN W  
CITY-ST-ZIP ~~310 ALHAMBRA CIRCLE~~  
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2600 Douglas Road, Suite 607  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 I am empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

305-445-3692

Date

Daytime Phone #

CR2E034 (10/00)