

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000065733**

1. Entity Name

HENSON TRANSPORT, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 027 ***150.00

Principal Place of Business

**14820 TETHERCLIFF STREET
DAVIE FL 33331-2904
US**

Mailing Address

**14820 TETHERCLIFF STREET
DAVIE FL 33331-2904
US**

2. Principal Place of Business

1000 NORTH HIATUS ROAD

3. Mailing Address

1000 NORTH HIATUS ROAD

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

PEMBROKE PINES FLORIDA

City & State

PEMBROKE PINES FLORIDA

Zip

33026-3094

Country

US

Zip

33026-3094

Country

US

4. FEI Number

65-0519048

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

**KLEIN, THEODORE J
88 NORTH EAST 168TH ST
NORTH MIAMI FL 33162**

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	HENSON, BARRY S	
STREET ADDRESS	14820 TETHERCLIFF ST	
CITY-ST-ZIP	DAVIE FL 33331-2904	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPST	<input type="checkbox"/> Delete
NAME	HENSON, STEPHANIE	
STREET ADDRESS	14820 TETHERCLIFF ST	
CITY-ST-ZIP	DAVIE FL 33331-2904	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barry S. Henson***BARRY S. HENSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-26-01**(954) 443-0409*

CR2E034 (10/00)