

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036283

1. Entity Name

HENRY HALL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3601 W. COMMERCIAL BOULEVARD
SUITE 30
FORT LAUDERDALE FL 33319

3601 W. COMMERCIAL BOULEVARD
SUITE 30
FORT LAUDERDALE FL 33309-3321

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

65-0579202

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

GIULIANI, STACEY A
300 NW 70TH AVENUE
SUITE 200
PLANTATION FL 33324

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, 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	PD	<input type="checkbox"/> Delete
NAME	HALL, HENRY	
STREET ADDRESS	C/O 3601 W COMMERCIAL BLVD SUITE 30	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATRAS, MICHAEL	
STREET ADDRESS	C/O 3601 W COMMERCIAL BLVD SUITE 30	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REYNOLDS, DEBORAH	
STREET ADDRESS	C/O 3601 W. COMMERCIAL BLVD., STE. 30	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Deborah Reynolds DEBORAH REYNOLDS

3-2-00

954-733-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90098 018 ***150.00



DO NOT WRITE IN THIS SPACE