

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037652

1. Entity Name

H.E.H. FLORIDA CONSULTING, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90062 008 \*\*\*150.00

Principal Place of Business

Mailing Address

4361 BAY BEACH LN  
221  
FT MYERS FL 33931

4361 BAY BEACH LN  
221  
FT MYERS FL 33931-5944

2. Principal Place of Business

3. Mailing Address

6371-4 Presidential Court

6371-4 Presidential Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip  
33919

Country  
Lee

Zip  
33919

Country  
Lee

4. FEI Number

93-1785636

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

TERAN, SCHAD  
4361 BAY BEACH LN 221  
FT MYERS FL 33931

Name

ANDREW G. JESSEN, CPA

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

6371-4 Presidential Court

City

FORT MYERS

FL

Zip Code  
33919

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 P ☐ Delete  
NAME HECHT, HANS SR  
STREET ADDRESS 1140 LEE BLVD #103  
CITY-ST-ZIP LEHIGH FL 33936

TITLE ☒ Change ☐ Addition  
NAME HECHT, HANS SR  
STREET ADDRESS Moehlestrasse 4  
CITY-ST-ZIP 85354 FREISING/GERMANY

TITLE P ☐ Delete  
NAME HECHT, EMMA  
STREET ADDRESS 1140 LEE BLVD #103  
CITY-ST-ZIP LEHIGH FL 33936

TITLE ☒ Change ☐ Addition  
NAME HECHT, EMMA  
STREET ADDRESS MOEHLESTRASSE 4  
CITY-ST-ZIP 85354 FREISING/GERMANY

TITLE DV ☐ Delete  
NAME HECHT, HANS JR  
STREET ADDRESS 1140 LEE BLVD #103  
CITY-ST-ZIP LEHIGH FL 33936

TITLE ☒ Change ☐ Addition  
NAME HECHT, HANS JR  
STREET ADDRESS MOEHLESTRASSE 4  
CITY-ST-ZIP 85354 FREISING/GERMANY

TITLE D ☐ Delete  
NAME HECHT, MARINA  
STREET ADDRESS 1140 LEE BLVD #103  
CITY-ST-ZIP LEHIGH FL 33936

TITLE ☒ Change ☐ Addition  
NAME HECHT, MARINA  
STREET ADDRESS MOEHLESTRASSE 4  
CITY-ST-ZIP 85354 FREISING/GERMANY

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 like empowered.

SIGNATURE:

EMMA HECHT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/00

Date

Daytime Phone #

CR2E034 (9/99)