

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90079 015 ***150.00

DOCUMENT # P96000037652

1. Entity Name
H.E.H. FLORIDA CONSULTING, INC.

Principal Place of Business 6371-4 PRESIDENTIAL COURT FORT MYERS FL 33919	Mailing Address 6371-4 PRESIDENTIAL COURT FORT MYERS FL 33919
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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65-0924926

4. FEI Number ~~93-1785636~~
65-0924926

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JESSEN, ANDREW G CPA
 6371-4 PRESIDENTIAL COURT
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	HECHT, HANS SR	
STREET ADDRESS	MOEHLESTRASSE 4	
CITY-ST-ZIP	FREISING 85354	
TITLE	P	<input type="checkbox"/> Delete
NAME	HECHT, EMMA	
STREET ADDRESS	1140 LEE BLVD #103	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HECHT, HANS JR	
STREET ADDRESS	1140 LEE BLVD #103	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHT, MARINA	
STREET ADDRESS	1140 LEE BLVD #103	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	FREISING/GERMANY 85354	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MOEHLESTRASSE 4	
CITY-ST-ZIP	FREISING/GERMANY 85354	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	FREISING/GERMANY 85354	
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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: Emma Hecht **EMMA HECHT** 2/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)