

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000045145**

1. Entity Name

**MIKE HENRY, INC.****FILED****Mar 15, 2001 8:00 am  
Secretary of State**

03-15-2001 90025 044 \*\*\*150.00

Principal Place of Business

Mailing Address

**9520 ALCAZAR LANE  
FORT LAUDERDALE FL 33324****9520 ALCAZAR LANE  
FORT LAUDERDALE FL 33324**

2. Principal Place of Business

3. Mailing Address

**15009 SW 13TH CT****15009 SW 13TH CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**SUNRISE FL.****SUNRISE FL**

Zip

Country

Zip

Country

**33326-1924 USA****33326-1924 USA**4. FEI Number **65-0754240**

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

**HENRY, MICHAEL  
9520 ALCAZAR LANE  
FORT LAUDERDALE FL 33324**Name **HENRY, MICHAEL**

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

**15009 SW 13TH CT**City **SUNRISE, FL****FL**Zip Code **33326**

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 HENRY, MICHAEL**  
STREET ADDRESS **9520 ALCAZAR LANE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33324**TITLE ☒ Change ☐ Addition  
NAME **D HENRY, MICHAEL**  
STREET ADDRESS **15009 SW 13TH CT**  
CITY-ST-ZIP **SUNRISE, FL 33326-1924**TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/19/01 954-424-9799**

CR2E034 (10/00)