

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102031

1. Entity Name
HDS INC.

FILED

01 AUG -8 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business | Mailing Address
611 NW 97TH TERRACE | 611 NW 97TH TERRACE
PEMBROKE PINES FL 33024 | PEMBROKE PINES FL 33024

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

4. FEI Number 65-0797665 | Applied For
Not Applicable

Zip | Country | Zip | Country

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

SHINNERS, HELEN
611 NW 97 TERR.
PEMBROKE PINES FL 33024

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 Helen Shennu President 7/5/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 SHINNERS, HELEN
STREET ADDRESS 611 NW 97TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: Helen Shennu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/5/01 Daytime Phone #

CR2E034 (5/01)

202

**H.D.S. INC.
611 NW 97 Terr.
Pembroke Pines, FL 33024**

July 31, 2001

~~Leslie Sellers~~
Document Specialist
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-10500

Subject: HDS INC.
Ref. Number: P97000102031

Dear Ms. Sellers,

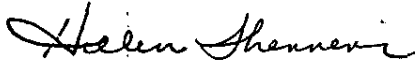
I am writing to apologize for not having this report filed on time by May 2001. I know this might cause undue administrative burden and for this I am truly sorry.

The corporation did not receive the first notice uniform business report. For this reason I am appealing the waiver of the increased fee for late filing. I am enclosing the original fee amount for filing.

I appreciate that you may give my request thorough consideration and find it in your heart to correct this unfortunate error.

I thank you in advance for your help and consideration.

Respectfully submitted



Helen Shinnars
President