

DOCUMENT # P98000045560

1. Entity Name

HELIOS INTERNATIONAL ASSET MANAGEMENT, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90097 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2000 GLADES RD. SUITE 204~~  
BOCA RATON FL 33431

~~2000 GLADES RD. SUITE 204~~  
BOCA RATON FL 33486-3348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1489 W. Palmetto Park Road

1489 W. Palmetto Park Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 480

Suite 480

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33486

U.S.

33486

US

4. FEI Number

65-0836418

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

PHELAN, JOHN P

~~2000 GLADES RD. SUITE 204~~  
BOCA RATON FL 33431

Name

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

1489 W. Palmetto Park Road

Suite 480

City

BOCA RATON

FL

Zip Code

33486

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

1-12-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PHELAN, JOHN P	<del>2000 GLADES RD STE 204</del> 1489 W. Palmetto Park Rd Suite 480	BOCA RATON FL	<input type="checkbox"/>
S	BUCHANAN, CATHLEEN	<del>200 GLADES RD STE 204</del> 1489 W. Palmetto Park Rd Suite 480	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

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 #

1-12-00

561-750-0807