## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 67314

Henry, INC.

## **FILED** Jul 22, 2002 8:00 am Secretary of State 07-22-2002 90164 015 \*\*\*150.00

·	· 		✓				
DO NOT WRITE IN THIS SPACE					B0130936		
2. Principal Place of Business  3. Mailing Address			0				
8060 Tuna D V 8060 Tu Suite, Apt. #, etc. Suite, Apt. #, etc. /			ua Dr		DO NOT WORKS IN THE OCCUPA		
	Thon	Wasa Hin	ara Hinn &		DO NOT WRITE IN THIS SPACE		
City & State City & State					FEI Number 65 - 086/560	Applied For	
#L 33050 Zip Country		FC 3300			65-086-1560	Not Applicable	
Zip	Country U.S.A.	Zip	Country U. S. A.		Fee Req	Additional puired	
			Name //		ame and Address of Current Registered Agent		
	RITE	<i>[</i>	Street Address (P.O. Box Number is Not Acceptable)				
<del>ئىدىنى ئىنىدىكى</del> دىن	IN THIS SPA	ACE	00		7		
			8.0	600	TUNA DY		
			City 177	108	athon FL Zip	33050	
VP+D	amed entity submits this statement for the state	a			ent, or both, in the State of Florida.		
		,	Registered Agent signature requir	red when re	einstating) DATE		
Tax filing requirement and elects to do so.  After May 1,  Amended			ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 Ie to Department of Si	\$550.00 10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND D	4	T Department of St	igio			
TITLE	PSD.	<del></del>	TITLE				
NAME STREET ADDRESS	Herrera, ENrique	<u>_</u>	NAME		* •		
	8060 Tuna Dr Maja Hion FC 3.	3050	STREET ADDRESS CITY-ST-ZIP			19	
TITLE 1	IV+d		TITLE			} <u>}</u>	
NAME L	terrera, Gladys	4	NAME			jģ	
STREET ADDRESS CITY-ST-ZIP	EDGA TULLA ION		STREET ADDRESS CITY-ST-ZIP			4,	
TITLE	marathon FC 33	050	<b>—</b>				
NAME			TITLE NAME	•			
STREET ADDRESS			STREET ADDRESS		DO NOT WRITE	1	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME			TITLE NAME		IN THIS SPACE		
STREET ADDRESS			STREET ADDRESS			.]	
CITY-ST-ZIP			City-St-Zip				
TITLE		·	TITLE		4		
NAME STREET ADDRESS			NAME CTREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE			TITLE				
NAME ·			NAME		•		
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP	tify that the information available with the	- P0	CITY-ST-ZIP				

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR