

# UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**

**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90228 048 \*\*\*150.00

**DOCUMENT # P98000104279**

1. Entity Name

**HENX, INC.**

(R)

Principal Place of Business

11995 SW 222 ST.  
MIAMI FL 33170

Mailing Address

11995 SW 222 ST.  
MIAMI FL 33170-4512

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

215 5th Street

Suite, Apt. #, etc.

Suite 108

City & State

WPB, Fla

Zip

33401

Country

4. FEI Number

65-0882866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAMER, DAVID**  
11995 SW 222 ST.  
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name

Giordano, John N

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

220 South Franklin Street

City Tampa

FL

Zip Code

33602

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

6/2/00

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

TITLE **D** ☒ Delete  
NAME **HAMER, DAVID**  
STREET ADDRESS **11995 SW 222 ST.**  
CITY-ST-ZIP **MIAMI FL 33170**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Heaton, Lee W.**  
STREET ADDRESS **215 5th Street, Ste 108**  
CITY-ST-ZIP **WPB, Fla 33401**

TITLE **President/Secretary** ☐ Change ☒ Addition  
NAME **Heaton, Linn D.**  
STREET ADDRESS **215 5th Street, Ste 108**  
CITY-ST-ZIP **WPB, FL 33401**

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

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

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

TITLE ☐ Change ☐ 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:

*Abraham Schindler, Corporate Controller*

4-26

561-832-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)