

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 026 ***150.00

DOCUMENT # 999000011858

1. Entity Name

HENRY REED INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

230 SEMIZNER BLVD.

Suite, Apt. #, etc.

301

City & State

PLANTATION FLA

City & State

BOCA RATON, FLA

Zip

33324

Country

Zip

33432

Country

4. FEI Number

65-0975838

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HENRY R. WALDMAN

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

230 SE MIZNER BLVD # 301

City

BOCA RATON

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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

H. R. WALDMAN

H. R. WALDMAN

3/4/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
HENRY R. WALDMAN
230 SE MIZNER BLVD # 301
BOCA RATON, FLA 33432

TITLE
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CITY-ST-ZIP

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

SIGNATURE:

H. R. WALDMAN

HENRY R WALDMAN 3/4/02 954-
818-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)