2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900035792 1. Entity Name HERNANDEZ KLEIN DESIGN INTERNATIONAL P.A.					Feb 08, 2000 8:00 am Secretary of State 02-08-2000 90143 003 ***150.00		
Principal Place of Business		Mailing Address					
317 WEST GADSDEN STREET PENSACOLA FL 32501		317 WEST GADSDEN STREET PENSACOLA FL 32501-3820					
2. Principal Place of Business 600 W. Blount St		3. Mailing Address P.O. Box 995				3188 11781 5 7771 15818 151	18 1161 1861
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · ·	DO NOT WRITE IN	THIS SPACE	
Pensacola, Florida City & State			Gulf Breeze, Florida City & State			I lan	plied For
_32501	USA	32562	US	1	59~3566985		r Applicable
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		lame and Address of New Regist	Fee Require	<u>-</u>
<u>~_</u> _	8. Maine and Address of Cone	III registered Agent	Name		and and Addition of the trong.	<u></u>	
KLEIN, MARY E				Street Address (P.O. Box Number is Not Acceptable)			
	SABINE DR.						
PENS	SACOLA BEACH FL 32561			7115		- .	
			City			FL Zip Code	8
SIGNATURE .	named entity submits this statement	ent and title if applicable. (NOT	E Registered Agent sign	ature required when re	instating)	DATE	
Tax filling r	oration is eligible to satisfy its Intangil equirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		Election Campaign Financir Trust Fund Contribution.	☐ Added	May Be to Fees
11.		ID DIRECTORS	12.		DITIONS/CHANGES TO OFFICER		S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERNANDEZ-TRUJILLO , SAR/ 317 WEST GADSDEN STREET PENSACOLA FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 W	ndez-Trujillo, 7. Blount Street cola, FL 32501	,	Addition
TITLE	VPSD	☐ Delete	TITLE	1 21.5		Change	Addition
NAME	KLEIN, JOHN H		NAME				
STREET ADDRESS CITY-ST-ZIP	212 SABINE DR. PENSACOLA BEACH, FL 3256	1	STREET ADDRESS CITY-ST-ZIP				
TITLE	TEMPACOLA DESCRIPTION	☐ Delete	TITLE			Change	☐ Addition
NAME	> 44		NAME				
STREET ADDRESS CITY-ST-ZIP	· • • · ·		STREET ADDRESS CITY-ST-ZIP				
TITLE	<u> </u>	Delete	TITLE	-		Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE	+		Change	☐ Addition
NAME		Dollar	NAME	1	•		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		Delete	TITLE	 		Change	Addition
TITLE NAME		□ Delete	NAME			onengo	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		No section 1	CITY-ST-ZIP	1		nor nortific that the :	
indicated of the cor changed	certify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	rt is true and accurate and that a	my signature shall t as required by Cl	have the same	lacal effect as if made linder dath:	that I am an officer	or airector

SIGNATURE: JOHN H. Klein VPSD 2/1/00 850 934-6357