

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 015 ***158.75

DOCUMENT # V69816

1. Entity Name
HENRI'S RESORT INC.

Principal Place of Business

**HENRI'S RESORT, INC
 320 NW 183RD ST
 MIAMI FL 33169
 US**

Mailing Address

**P O BOX 695310
 MIAMI FL 33269-5310
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Henri's Resort, Inc.
 Suite, Apt. #, etc.
 320 N.W. 183rd St.**

3. Mailing Address

**P.O. Box 695310
 Suite, Apt. #, etc.**

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0390982

Applied For

Not Applicable

Zip

33169

Country

U.S.A.

Zip

33269

Country

U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARSWELL, HENRIETTA
 320 NW 183RD STREET
 MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|-------------------------|-----------------|---------------------------------|
| P | CARSWELL, HENRIETTA | 9125 LITTLE RIVER DRIVE | MIAMI FL | <input type="checkbox"/> |
| S | CARSWELL, LORIANN D | 9125 LITTLE RIVER DRIVE | MIAMI FL | <input type="checkbox"/> |
| V | CARSWELL, ARTHUR W | 9125 LITTLE RIVER DRIVE | MIAMI FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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: **Henrietta Carswell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henrietta Carswell 4/18/00
 Date

305 8369948
 Daytime Phone #

CR2E034 (9/99)