

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90007 039 \*\*\*158.75

00000403



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V69816**  
 1. Entity Name  
**HENRI'S RESORT INC.**

Principal Place of Business <b>HENRI'S RESORT, INC</b> <b>320 NW 183RD ST</b> <b>MIAMI FL 33169</b> <b>US</b>	Mailing Address <b>P O BOX 695310</b> <b>MIAMI FL 33269</b> <b>US</b>
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2. Principal Place of Business <b>Henri's Resort, Inc.</b> Suite, Apt. #, etc. <b>320 N.W. 183rd St.</b>	3. Mailing Address <b>P.O. BOX 695310</b> Suite, Apt. #, etc.
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City & State <b>miami</b>	City & State <b>miami</b>	4. FEI Number <b>65-0390982</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33169</b>	Country <b>U.S.A.</b>	Zip <b>33269</b>	Country <b>U.S.A.</b>

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
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 P	NAME CARSWELL, HENRIETTA	STREET ADDRESS 9125 LITTLE RIVER DRIVE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE S	NAME CARSWELL, LORIANN D	STREET ADDRESS 9125 LITTLE RIVER DRIVE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE V	NAME CARSWELL, ARTHUR W	STREET ADDRESS 9125 LITTLE RIVER DRIVE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Henrietta Carswell 1/5/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)