

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90267 029 \*\*\*\*50.00

**DOCUMENT # L01000009960**

1. Entity Name  
**HERSILAR, L.L.C.**

Principal Place of Business

17624 S.W. 19TH  
 MIRAMAR FL 33029

Mailing Address

17624 S.W. 19TH  
 MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0624276

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ.  
 C/O FELDENKRAIS & ASSOCIATES, P.A.  
 290 NW 165 STREET, PLAZA 100  
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: **Michael Feldenkrais Esq.**  
 Street Address (P.O. Box Number is Not Acceptable): **201 South Biscayne Blvd 34th FL**  
 City: **Miami** State: **FL** Zip Code: **33131**

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

*Michael Feldenkrais*

DATE: 3/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARIA EUGENIA GONZALEZ	
STREET ADDRESS	17624 S.W. 19TH	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JULIANA M. SILVESTRE	
STREET ADDRESS	17624 S.W. 19TH	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOSE A. SILVESTRE	
STREET ADDRESS	17624 S.W. 19TH	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ma...* DATE: 03-06-02 DAYTIME PHONE #: (954) 704-9056 (305) 606-3903

CR2E083 (9/01)