

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

10. ADDITIONS/CHANGES

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"/>

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:

Signature Required

46MR 03-06-02

(954) 704-9056
 (305) 606-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)