FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90033 034 ***150.00

DOCUMENT # L-69304

1. Entity Name
Hecfer Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3136 NW 27 AVE	147 SW 168 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Pembroke Pines, Fl.
Zip: 33142 Country: DADE	Zip: 33027 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0200768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARMEN Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 147 SW 168 Ter

City: Pembroke Pines **FL** Zip Code: 33027

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	
STREET ADDRESS	Digna Rodriguez
CITY-ST-ZIP	147 SW 168 Ter
	Pembroke Pines, Fl 33027
TITLE	U. Pres.
NAME	
STREET ADDRESS	CARMEN Rodriguez
CITY-ST-ZIP	147 SW 168 Ter
	Pembroke, Pine, Fl 33027
TITLE	Secretary
NAME	
STREET ADDRESS	PEDRO-VASQUEZ --
CITY-ST-ZIP	147 SW 168 Ter
	Pembroke, Pines, Fl 33027
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Rodriguez 4/28/02 954-290-6947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 954-704-0133