## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # L79480** 1. Entity Name HERNANDO ENTERPRISES, INC. 04-17-2000 90045 002 \*\*\*150.00 Mailing Address Principal Place of Business 300 71 STREET 5701 S PLEASANT GROVE RD INVERNESS FL 34452 MIAMI BEACH FL 33141 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0202716 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDO, EDUARDO R Street Address (P.O. Box Number is Not Acceptable) 300 71 STREET #410 MIAMI BEACH FL 33141 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME HERNANDO, JORGE A NAME STREET ADDRESS STREET ADDRESS 300 71 STREET #410 CITY-ST-7(P CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Addition ☐ Change Delete TITLE TITLE HERNANDO, EDUARDO R NAME NAME STREET ADDRESS STREET ADDRESS 300 71 STREET #410 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 🖛 🔄 Change - 🗀 Addition Delete TITLE DITLE HERNANDO, JORGE R NAME STREET ADDRESS STREET ADDRESS 300 71 STREET #410 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE [] Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE BAD TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 3058681830 ex