

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90163 014 ***150.00

DOCUMENT # 467858

1. Entity Name

HERBERTO CORPORATION

Principal Place of Business

Mailing Address

1595 NE 16ERD ST
 N. MIAMI BEACH FL 33162
 US

1595 NE 163RD ST
 N MIAMI BEACH FL 33162-4717
 US

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

59-1565735

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISKA, DOUGLAS S
GATOR REALTY & MANAGEMENT, INC.
1595 NE 163RD ST
N. MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DELLER, ALBERTO	
STREET ADDRESS	10205 COLLINS AVE #1062	
CITY-ST-ZIP	BAL HARBOUR FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLER, MICHEL	
STREET ADDRESS	10205 COLLINS AVE #1062	
CITY-ST-ZIP	BAL HARBOUR FL 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLEIN DE DELLER, FRIDA	
STREET ADDRESS	10205 COLLINS AVE #1062	
CITY-ST-ZIP	BAL HARBOUR FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELLER DE BEISTCH, HELLEN	
STREET ADDRESS	10205 COLLINS AVE #1062	
CITY-ST-ZIP	BAL HARBOUR FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLER, PIERRE	
STREET ADDRESS	10205 COLLINS AVE #1062	
CITY-ST-ZIP	BAL HARBOUR FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4/3/00

Date

305-949-9049

Daytime Phone #

CR2E034 (9/99)