

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90030 004 \*\*\*150.00

025708 AV

**DOCUMENT # 467858**  
 1. Entity Name  
**HERBERTO CORPORATION**

Principal Place of Business      Mailing Address  
**1595 NE 166RD ST**                      **1595 NE 163RD ST**  
**N. MIAMI BEACH FL 33162**              **N MIAMI BEACH FL 33162**  
**US**    **US**



2. Principal Place of Business      3. Mailing Address  
**353 W 47 St**                      **353 W 47 St**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**MIAMI BEACH FL**      **MIAMI BEACH FL**      **59-1565735**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**MISKA, DOUGLAS S**      Name **JOSEPH LIPSKAR**  
**GATOR REALTY & MANAGEMENT, INC.**      Street Address (P.O. Box Number is Not Acceptable) **BEACH PROPERTIES INC**  
**1595 NE 163RD ST**      **3100 COLLINS AVE**  
**N. MIAMI BEACH FL 33162**      City **MIAMI BEACH FL**      Zip Code **33140**

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 *Joseph Lipskar* **J. LIPSKAR, AGENT**      DATE **4-1-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DELLER, ALBERTO</b> <b>10205 COLLINS AVE #1062</b> <b>BAL HARBOUR FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DELLER, MICHEL</b> <b>10205 COLLINS AVE #1062</b> <b>BAL HARBOUR FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KLEIN DE DELLER, FRIDA</b> <b>10205 COLLINS AVE #1062</b> <b>BAL HARBOUR FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DELLER DE BEISTCH, HELLEN</b> <b>10205 COLLINS AVE #1062</b> <b>BAL HARBOUR FL 33138</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELLER, PIERRE</b> <b>10205 COLLINS AVE #1062</b> <b>BAL HARBOUR FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pierre Deller*      **PIERRE DELLER, VP**      DATE **4-1-02**      DAYTIME PHONE # **305 6725074**

CR2E034 (9/01)