

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90140 049 ***150.00



DOCUMENT # 467858

1. Entity Name
HERBERTO CORPORATION

Principal Place of Business
**353 W 47 ST
MIAMI FL 33141
US**

Mailing Address
**353 W 47 ST
MIAMI FL 33141
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1565735**

Applied For
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

**LIPSKAR, JOSEPH
BEACH PROPERTIES INC
3100 COLLINS AVE
MIAMI FL 33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	VP	<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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03
Date

Daytime Phone #

CR2E034 (10/02)