

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
 01-23-2001 90043 005 ***158.75

DOCUMENT # 513174

1. Entity Name
HERRERO & SONS CORP.

Principal Place of Business
7326 NW 79TH TERRACE
MIAMI FL 33166

Mailing Address
7326 NW 79TH TERRACE
MIAMI FL 33166

2. Principal Place of Business
7575 N.W. 82 STREET
 Suite, Apt. #, etc.

3. Mailing Address
7575 N.W. 82 STREET
 Suite, Apt. #, etc.

City & State
MIAMI, FL
 Zip
33166
 Country
U.S.A.

City & State
MIAMI, FL
 Zip
33166
 Country
U.S.A.

4. FEI Number **59-1692729** Applied For
 Not Applicable

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

HERRERO, ENRIQUE
8840 S W 76 ST
MIAMI FL 33173

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 **1/11/01**

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, 2001 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**

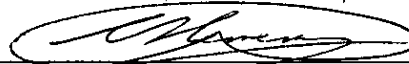
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERRERO, ENRIQUE 8840 SW 76TH ST MIAMI, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERRERO, MIRIAM 8840 SW 76TH ST MIAMI, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/11/2001** Daytime Phone # **(305) 885-7922**

CR2E034 (10/00)