

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 021 ***150.00

DOCUMENT # **513341** ✓

1. Entity Name

HERNELL'S ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10500 SW 135 CT

Suite, Apt. #, etc.

3. Mailing Address

10500 SW 135TH CT.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

59-1694815

Applied For

☒ Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HERMAN BERNBERG

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

10500 SW 135 CT

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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

Herman Bernberg

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

(NOTE: Registered Agent signature required when reinstating)

3/28/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HERMAN BERNBERG (PRES.)
10500 SW 135 CT
MIAMI, FLA 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**NELLY BERNBERG (V. PRES.)
10500 SW 135 CT
MIAMI, FLA 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Herman Bernberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

DATE

**305-385-1579
305-543-9387**

Daytime Phone #

CR2E034B (12/01)