

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90334 034 \*\*\*150.00

**DOCUMENT # F62158**

1. Entity Name  
**HUFFERCA CORPORATION**

Principal Place of Business  
**4264 SW 73 AVE.  
MIAMI FL 33155**

Mailing Address  
**4264 SW 73 AVE.  
MIAMI FL 33155**

**55052913**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FERRER, HUGO  
4264 SW 73RD AVENUE  
MIAMI FL 33155**

4. FEI Number **59-2177911** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent  
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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST FERRER, HUGO 3911 SW 124TH CT MIAMI FL</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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** **7/9/03 305) 215-6226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

55052913  
#F62158



**HUFFERCA CORPORATION**  
Gifts • Novelties • Key Chains



07/28/03.

Ref.: #F62158.

Florida Department of State.  
Division of Corporations.

Dear Sirs:

We had previously notified your Dept. that we did not received the first UBR report for the year 2003. Your Dept. directed us to file a new form and submit \$150.00 for filing.

To our surprise, now your Dept. want to charge us us \$400.00. We are in a very tied financial situation at the present time, hardly making ends meet.

In good faith we have following your Dept. instructions, since we never got the original report.

We have been in business for over twenty years and never had this situation before.

It is our hope that your Dept. understand our case and reconsider its desition.

Respectfully yours;

*[Signature]*  
Hufferca corp.