

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91135 036 ***150.00

0203111 AV

DOCUMENT # G86227

1. Entity Name

LUIS HERNANDEZ ENTERPRISES, INC.

Principal Place of Business

**21 S.E. 1ST AVENUE
 STES 703/705
 MIAMI FL 33131**

Mailing Address

**21 S.E. 1ST AVENUE
 STES 703/705
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 SE First Ave.

Suite, Apt. #, etc.
Suite 705

3. Mailing Address

21 SE First Avenue

Suite, Apt. #, etc.
Suite 705

City & State

MIAMI, Fla 33131

City & State

MIAMI, Fla 33131

4. FEI Number

59-2852799

Applied For

Not Applicable

Zip

33131

Country

U S A

Zip

33131

Country

U S A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, LUIS
 21 S.E. 1ST AVENUE
 MIAMI FL 33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE ☐ Delete
PTD
 NAME **HERNANDEZ, LUIS E.**
 STREET ADDRESS **21 S.E. 1ST AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **SD**
HERNANDEZ, JORGE L
 STREET ADDRESS **21 S.E. 1ST AVENUE-SUITE 705**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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: **President**

04-27-02 (305) 374 4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #