## 2001 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2001 8:00 am **DOCUMENT # K79351 Secretary of State** 1. Entity Name HERRERA CONCRETE DESIGN AND TILE CONTRACTOR CORP 03-27-2001 90035 031 \*\*\*150.00 Principal Place of Business Mailing Address % HECTOR HERRERA % HECTOR HERRERA 9540 SW 42 ST 9540 SW 42 ST MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address HERRERA HERRERA-CONCRETE 1Ector Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DESIGN AND THE CONT 5501 SW Applied For City & State 4. FEI Number 5501 SW 104 d 65-0148748 MIAMI Not Applicable Zip MIAMI Fobuntry \$8.75 Additional 5. Certificate of Status Desired 33165 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA, HECTOR 55019w 104d Street Address (P.O. Box Number is Not Acceptable) -0540-8W-42-9T 1 **MIAMI FL 33165** MIAMI FLB3165 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete HERRERA HECTOR HERRERA, HECTOR NAME NAME STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 5501 5W 104 d 9540 SW 42 ST STREET ADDRESS MIAMI FL. 33065 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL HERRERA CERIA TITLE ☐ Delete TITLE HERRERA CELIA NAME 5501 SW 104 0 9540 SW 42 ST STREET ADDRESS STREET ADDRESS MIAMI FL. 33165 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Oelete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

> NAME STREET ADDRESS

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☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP TITLE

☐ Change

☐ Change

Addition

☐ Addition