

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90091 024 ***150.00

DOCUMENT # L52957

1. Entity Name

HORCHERS, INC.

Principal Place of Business

Mailing Address

328 MINORCA AVE 2 FL
 CORAL GABLES, FL 33134
 US

328 MINORCA AVE 2 FL
 CORAL GABLES, FL 33134
 US

2. Principal Place of Business

2600 DOUGLAS ROAD

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0177221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
 328 MINORCA AVE 2ND FLOOR
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 ORTIZ, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
 2600 DOUGLAS ROAD

PH 6

City

CORAL GABLES,

FL

Zip Code

33134

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, 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

TITLE PD ☐ Delete
 NAME ORTIZ, MICHAEL
 STREET ADDRESS 328 MINORCA AVE 2ND FLOOR
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S ☐ Delete
 NAME BENITEZ, LISSETTE
 STREET ADDRESS 328 MINORCA AVE 2ND FLOOR
 CITY-ST-ZIP CORAL GABLES, FL 33134

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 2600 DOUGLAS ROAD - PH 6
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2600 DOUGLAS ROAD - PH 6
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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

Daytime Phone #

CR2E034 (11/00)