

FILED  
Mar 11, 2003 8:00 am  
Secretary of State

03-11-2003 90143 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L52957

1. Entity Name  
**HORCHERS, INC.**



Principal Place of Business  
~~2600 DOUGLAS ROAD PH 6~~  
~~CORAL GABLES, FL 33134~~

Mailing Address  
~~2600 DOUGLAS ROAD PH 6~~  
~~CORAL GABLES, FL 33134~~ US



2. Principal Place of Business

2121 Ponce de Leon Blvd  
Suite, Apt. #, etc.

3. Mailing Address

2121 Ponce de Leon Blvd  
Suite, Apt. #, etc.

330

City & State

Coral Gables, FL

330

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, MICHAEL

~~2600 DOUGLAS ROAD PH 6~~  
~~CORAL GABLES, FL 33134~~

Name

Michael Ortiz

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

2121 Ponce de Leon Blvd  
Suite 330

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and fee applicable.

Michael Ortiz

(NOTE: Registered Agent's signature required when resigning)

DATE

3/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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**

TITLE PD  
NAME ORTIZ, MICHAEL ☐ Delete  
STREET ADDRESS ~~2600 DOUGLAS ROAD PH 6~~  
CITY-ST-ZIP ~~CORAL GABLES, FL 33134~~

TITLE S  
NAME BENITEZ, LISSETTE ☐ Delete  
STREET ADDRESS ~~2600 DOUGLAS ROAD PH 6~~  
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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD ☒ Change ☐ Addition  
NAME Michael Ortiz  
STREET ADDRESS 2121 Ponce de Leon Blvd, Ste 330  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE S ☒ Change ☐ Addition  
NAME Lissette Benitez  
STREET ADDRESS 2121 Ponce de Leon Blvd, Ste 330  
CITY-ST-ZIP Coral Gables, FL 33134

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

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

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

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

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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz, President

3/7/03

305 416 5270

Date

Daytime Phone #

CR2E034 (10/02)