2002 UNIFORM BUSINESS REPORT (UBR)

STEMATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MA

SIGNATURE:

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # L9600001227 1. Entity Name 03-05-2002 90006 032 ****50 00 HERCULETE LIMITED COMPANY Mailing Address Principal Place of Business 6255 BIRD ROAD 6255 BIRD ROAD 80036419 MIAMI FL 33155 **MIAMI FL 33155** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0711396 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZULUETA, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 6255 BIRD ROAD MIAMI FL 33155 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition **MGRM** TITLE Change TITLE ☐ Delete NAME ZULUETA, FERNANDO J NAME STREET ADDRESS STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete T(T) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employeered to execute this report as required by Chapter 608, Florida Statutes.

AGER, OR AUTHORIZED REPRESENTATIVE

FILED