

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003267

1. Entity Name

HERNON LATIN AMERICA, L.L.C.

Principal Place of Business

121 TECH DRIVE
SANFORD FL 32771

Mailing Address

121 TECH DRIVE
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M ESQ
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR ARNON, HARRY 121 TECH DRIVE SANFORD FL 32771	<input type="checkbox"/>		<input type="checkbox"/>
MGR OLIVER, LYDA M 1283 S.W. 143RD COURT MIAMI FL 33184	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/02 407-322-4000

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90391 037 ****50.00

956014



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3552095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (9/01)