

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25802

1. Entity Name

HERVICORP OF FLORIDA, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90073 027 ***150.00

Principal Place of Business

Mailing Address

2665 S BAYSHORE DR
S1100. GRAND BAY PLZ
MIAMI FL 33133
US

C/O ALFREDO G. DURAN
2601 S. BAYSHORE DR., STE. 1400
MIAMI FL 33133-5413

819924



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2601 So. Bayshore DR SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33133

U.S.A.

4. FEI Number

65-0039237

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

DURAN, ALFREDO G
2601 S. BAYSHORE DR., STE. 1400
MIAMI FL 33133

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VILLARROEL, CARLOS
2333 BRICKELL AVE. #306
MIAMI FL 33129 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Carlos Villarroel* CARLOS VILLARROE, President

3/3/00 (305) 859-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #