

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

DOCUMENT # M25802

1. Entity Name

2005

HERVICORP OF FLORIDA, INC.

02-02-2005 90053 035 ***150.00

DO NOT WRITE IN THIS SPACE

50009400

2. Principal Place of Business 2333 Brickell Ave. Suite, Apt. #, etc. Apt. 306 City & State Miami, Florida Zip 33129		3. Mailing Address Same Suite, Apt. #, etc. City & State Country Zip Country		4. FEI Number 65-0039237 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Alfredo G. Duran
Street Address (P.O. Box Number is Not Acceptable) 2601 So. Bayshore Dr., S 1400
City Miami
State FL
Zip Code 33133

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D/Pres/Sec/Treas Pedro Villarroel 2333 Brickell Ave., Apt. 306 Miami, Florida 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO VILLARROEL, Pres/Dir

(305) 859-8444