## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State DOCUMENT # M40044 1. Entity Name HERSA CORPORATION 04-10-2000 90028 035 \*\*\*150.00 Principal Place of Business Mailinox Address -7195-3W..47TH.STREET.: #309 7123 SW 4NH STREET #309 MIAMI FL 33173-9440 MIAMI FL 391 NUUUUULU HS 3. Mailing Address P.O. BOX 2. Principal Place of Business 7411 S.W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 3 MIAMI City & State 4. FEI Number 59-2754354 Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired Miami Dade Fee Required 7. Name and Address of New Registered Agent 6), Name and Address of Current Registered Agent HERNANDEŻ, EŃRIQUE J Street Address (P.O. Box Number is Not Acceptable) -7125 SW 47TH STREET., #309 MIAMI FL-53155 S.W trenve เ<u>ลพ</u>เ phmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change **PSD** ☐ Delete TITLE Enrique J. Hernandez ☐ Addition TITLE HERNANDEZ, ENRIQUE J NAME NAME S.W. 89 Avenue STREET ADDRESS STREET ADDRESS 7125 SW:47TH STREET: #309-CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33155-☐ Change ☐ Addition Delete TITLE TITLE 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00 (305)412-600

Daytime Phone #