


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90051 037 \*\*\*\*61.25

<b>DOCUMENT #</b> <u>N94000003964(3)</u>	
<b>1. Entity Name</b> <u>Heroes Unite</u>	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>1330 NE 125 St.</u>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>North Miami, FL</u>		<b>City &amp; State</b>	
<b>Zip</b> <u>33161</u>	<b>Country</b> <u>USA</u>	<b>Zip</b>	<b>Country</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> <u>65-0565363</u>		<b>Applied For</b>
			<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> <u>Gustavo Cuervo</u>		
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>2501 NE 135 St</u>		
	<b>City</b> <u>North Miami</u>		
	<b>FL</b>	<b>Zip Code</b> <u>33181</u>	

**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. I am familiar with, and accept the obligations of registered agent.**

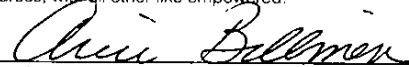
**SIGNATURE**  Gustavo Cuervo **DATE** 3/31/05  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>President</u> <u>Alice Billman</u> <u>2501 NE 135 St.</u> <u>North Miami, FL 33181</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Vice President</u> <u>Gustavo Cuervo</u> <u>2501 NE 135 St.</u> <u>North Miami, FL 33181</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Secretary/Treasurer</u> <u>Mimi Korman</u> <u>2022 NE 121st Road</u> <u>North Miami, 33181</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  Alice Billman 3/31 305 8958320

CR2E037B (12/02)