

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

DOCUMENT # P00000044449  
1. Entity Name  
R.A. Herrera Inc

FILED

02 MAR 21 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9240 Sw 59 St  
Suite, Apt. #, etc.

3. Mailing Address  
21024 Sw 121 Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

01-02

City & State  
Miami FL

City & State  
Miami FL

Zip  
33173 Country  
USA

Zip  
33177 Country  
USA

4. FEI Number  
65-1005399

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Rafael Alvarez

Street Address (P.O. Box Number is Not Acceptable)  
21024 Sw 121 Ave

Miami

City  
Florida FL Zip Code  
33177

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] (NOTE: Registered Agent signature required when reinstating)

DATE: 2/25/02

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	<u>President</u> <u>Rafael Alvarez</u> <u>21024 Sw 121 Ave</u> <u>Miami FL 33177</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100005236481  
-04/10/02--01078--018  
\*\*\*\*300.00 \*\*\*\*300.00

**DO NOT WRITE IN THIS SPACE**

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] DATE: 2/25/02 (305) 904-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034B (12/01)

B