

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90362 027 \*\*\*150.00

DOCUMENT # P00000112014

1. Entity Name

Hesil International, Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8322 NW 56<sup>th</sup> St.

3. Mailing Address

8322 NW 56<sup>th</sup> St.

Suite, Apt. #, etc.

251

Suite, Apt. #, etc.

251

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

4. FEI Number

65-1079374

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Fabian G. Barrios

Street Address (P.O. Box Number is Not Applicable)

5400 16<sup>th</sup> Pl. SW

City

NAPLES

FL

Zip Code

34116

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.

Fabian G. Barrios

04/25/02

(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) ☐

**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 P  
NAME Fabian G Barrios  
STREET ADDRESS 5400 16<sup>th</sup> Pl  
CITY-ST-ZIP Naples, FL 34116

TITLE TD  
NAME Turchi, Haba D  
STREET ADDRESS Ave. Uruguay 899  
CITY-ST-ZIP Montevideo, Uruguay

TITLE  
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CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabian G. Barrios

Date

Daytime Phone #

CR2E034B (12/01)