**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000115098  1. Entity Name BROTHER HERRERA IRON WORK, CORP				Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90044 025 ***150.00	n
Principal Place of Business 7035 SW 16 TERR MIAMI FL 33155		Mailing Address 7035 SW 16 TERR MIAMI FL 33155			
2. Principal f	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-1064247 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	ble
···	. 6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
			Name	The same and the second of the	
HERRERA, RIBOBERTO 7035 SW 16 TERR MIAMI FL 33155			Street Address	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL	_ 33 155		City	FL Zip Code	
8. The above	e named entity submits this statement for the	ne purpose of changing its	registered office or regist	stered 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 requir	uired when reinstating) DATE	
O This corn	oration is alimible to posted, its Intermible	EII E NOW!	V EEE 10 8450 00		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of St		<b>)</b>
11.	OFFICERS AND DI	1	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
NAME STREET ADDRESS CITY-ST-ZIP	DP HERRERA, RIGOBERTO 7035 SW 16 TERR MIAMI FL 33155	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS	S HERRERA, CARMEN 7035 SW 16 TERR	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi	on
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP		- [
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi	on
CITY-ST-ZIP		-	CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	on
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition	on
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
of the cor	on this report or supplemental report is tru	ie and accurate and that m ered to execute this report a	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12	r

SIGNATURE:

SIGNATUSE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/-15-02 (30 5-500 9732)
Date Daytime Phone #