

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 015 ***163.75

DOCUMENT # 1. Entity Name <u>PO1000013239</u> <u>Herrera-Colin Moda Corporation</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>1741 SW 8th STREET</u> Suite, Apt. #, etc. <u> </u>		3. Mailing Address <u>1741 SW 8th STREET</u> Suite, Apt. #, etc. <u> </u>	
City & State <u>MIAMI, FLORIDA</u> Zip <u>33135</u> Country <u>DADE</u>		City & State <u>MIAMI, FLORIDA</u> Zip <u>33135</u> Country <u>MIAMI-DADE</u>	
		FFL Number <u>65-1076177</u>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name <u>TANIA GUISANDI</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>1741 SW 8th STREET</u>	
		City <u>MIAMI</u> State <u>FL</u> Zip <u>33135</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. SIGNATURE <u>TANIA GUISANDI, PRESIDENT</u> <u>3/8/2002</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>TANIA GUISANDI</u> <u>1741 SW 8th STREET</u> <u>MIAMI, FLORIDA 33135</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <u>TANIA GUISANDI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/8/2002</u> <small>Date</small>	<u>(305) 642-2777</u> <small>Daytime Phone #</small>

CR2E034B (12/01)