

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91896 035 \*\*\*150.00

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

DOCUMENT # P010000046662

1. Entity Name

HERNSA MANAGEMENT CORP.



**DO NOT WRITE IN THIS SPACE**

11041811

2. Principal Place of Business

5051 SW 192 TER

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Southwest Ranches, FL

City & State

4. FEI Number

651123453

Applied For

Not Applicable

Zip

33332

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SARA Hernandez

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

5051 SW 192 TER

City

SW Ranches

FL

Zip Code

33332

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]* Secretary

(NOTE: Registered Agent Signature required when renewing)

5-1-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Angel HERNANDEZ, PRESIDENT  
5051 SW 192 TER  
SW Ranches, FL 33332

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
SARA HERNANDEZ  
5051 SW 192 TER  
SW Ranches, FL 33332

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

SIGNATURE:

*[Signature]* SARA HERNANDEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

934-6805344

Daytime Phone #

CR2E034R (12/02)