FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91017 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046736

DOCUMENT # P01000062331

1. Entity Name
HERCASTE, INC.

Principal Place of Business	Mailing Address
15145 SOUTHWEST 142ND PLACE MIAMI, FL 33186	15145 SOUTHWEST 142ND PLACE MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
1090 N. HOMESTEAD BLV	1090 N. HOMESTEAD BLV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL.
Zip: 33030 Country	Zip: 33030 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1117145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIO E
15145 SW 142ND PLACE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: HERNANDEZ, MARIO E.
Street Address (P.O. Box Number is Not Acceptable): 1090 N. HOMESTEAD BLV.
City: HOMESTEAD FL Zip Code: 33030

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HERNANDEZ, MARIO E 15145 SOUTHWEST 142ND PLACE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HERNANDEZ, MARIO E 1090 N. HOMESTEAD BLV. HOMESTEAD, FL 33030 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD CVASTELLANO, LISBETH 15145 SOUTHWEST 142ND PLACE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASTELLANO, LISBETH 1090 N. HOMESTEAD BLV HOMESTEAD, FL. 33030 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03-18-03 305-2472470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #