

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90023 007 ***150.00

DOCUMENT # P01000083550

1. Entity Name
CERTIFIED HERCULES SUPPORT, INC.

Principal Place of Business

C/O JORDAN MANAGMENT CORP
5979 NW 151 ST #235
MIAMI LAKES FL 33014

Mailing Address

C/O JORDAN MANAGMENT CORP
5979 NW 151 ST #235
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1540 Wiley ST.

Suite, Apt. #, etc.

3. Mailing Address

1540 Wiley ST.

Suite, Apt. #, etc.

Hollywood, FL.

City, State

Hollywood, FL.

City, State

4. FEI Number

65-1132699

Applied For

Not Applicable

Zip

Country

33020

U.S.A.

Zip

Country

33020

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, VICTOR

C/O JORDAN MANAGMENT CORP
5979 NW 151 ST #235
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Nar: VICTOR BROWN

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

1540 Wiley ST.

City

FL 33020

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 *Victor Brown* *Victor Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 | D | Delete |
| NAME | BROWN, VICTOR | |
| STREET ADDRESS | 1540 WILEY ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | Delete |
| NAME | JORDAN, NIURKA | |
| STREET ADDRESS | 6965 MAPLE TERR | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President, Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICTOR BROWN | |
| STREET ADDRESS | 1540 WILEY ST. | |
| CITY-ST-ZIP | HOLLYWOOD, FL. 33020 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Victor Brown* *Victor Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02 954-448-4077

CR2E034 (9/01)