FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 31, 2002 8:00 am Secretary of State **DOCUMENT #** P01000087048 1. Entity Name 07-31-2002 90107 030 \*\*\*150.00 FLOR R. HERNANDEZ, P.A. Principal Place of Business Mailing Address 10613 NW 52 TERRACE 10613 NW 52 TERRACE 011049 MIAM! FL 33178 MIAMI FL 33178 2. Principal 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 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: ----7. Name and Address of New Registered Agent HERNANDEZ, FLOR R Street Address (P.O. Box Number is Not Acceptable) 10613 NW 52 TERRACE **MIAMI FL 33178** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE ☐ Change Addition NAME HERNANDEZ, FLOR R NAME STREET ADDRESS 10613 NW 52 TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(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

CITY-ST-ZIP

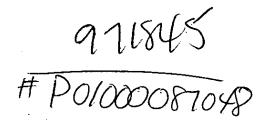
SIGNATURE:

CITY-ST-ZIP

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Attachment

## FLOR R. HERNANDEZ 10613 NW 52<sup>ND</sup> TERRACE MIAMI, FL 33178



July 29, 2002

Division of Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

We respectfully request an abatement of penalty and interest for not filing the 2002 Uniform Business Report on time.

I do not recall receiving the form the first time, since we became a corporation on September 2001 we were not very well informed about the importance of this report. We will take all the necessary actions for this incident not to happen again.

Please accept my explanations and apologies; I'm enclosing a check for \$150.00.

Thank you in advance for your assistance on this matter.

Sincerely,

Flor R. Hernandez Director