

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

DOCUMENT # **PO1000088287**

1. Entity Name  
**Herico, Corp.**

**FILED**

02 SEP 20 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6800 S.W. 40th ST</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>#291</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL 33155</b>		City & State	
Zip <b>33155</b>	Country <b>Dade</b>	Zip	Country

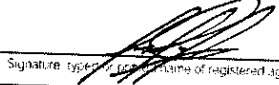
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1137000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Hector N. Hernandez</b>	Street Address (P.O. Box Number is Not Acceptable) <b>6800 S.W. 40th ST</b>
City <b>Miami</b>	State/Zip <b>FL 33155</b>

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  DATE \_\_\_\_\_  
Signature typed or typed name of registered agent and id# if applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>
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10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Hector N. Hernandez 6800 SW 40th St #291 Miami, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Ricardo E. Mendoza 6800 S.W. 40th ST #291 Miami, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500008432975</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-10/17/02--01038--005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>****150.00 ****150.00</b>
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IN THIS SPACE**

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 officers empowered.

SIGNATURE:  TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

RECEIVED (12/01)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **HERICO, CORP.**

Thank you for your courtesy in this matter.

  
**HECTOR N. HERNANDEZ**  
**PRESIDENT**