


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

1052

DOCUMENT # PO1 0000 88787
1. Entity Name
Herico, Corp.



FILED
04 AUG 17 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2470 NW 33rd Ave
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33142 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 03-04

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
65-1137070 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent
Name
Yero, Guido k.
Street Address (P.O. Box Number is Not Acceptable)
81 W 33rd Street
City
Hialeah, FL Zip Code
33010

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]* DATE: _____
Signature, Print or typed name of registered agent or officer/director (NOTE: Registered Agent signature required when circulating)

January 1 - May 1 Fee is \$100.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be
Added to Fees**
• Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Yero, Guido k.	NAME	
STREET ADDRESS	81 W 33rd Street	STREET ADDRESS	
CITY-STATE-ZIP	Hialeah, FL 33010	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

600040500056
08/25/04-01/03/07 *\$50.00

**DO NOT WRITE
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]* DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CRCE034B (12/02)

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

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **HERICO, CORP.**

Thank you for your courtesy in this matter.


GUIDO L. YERO
PRESIDENT