FILED

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90107 045 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000093178

1. Entity Name HERRERO, INC.



Principal Place of Business 2805 N. WESTMORELAND DRIVE ORI ANDO EL 32804

Mailing Address 2805 N. WESTMORELAND DRIVE ORLANDO FL 32804

ORLANDO F	FL 32804	ORLANDO FL 32804		1 1881/1881 (M. 80181 (M. 8011) 88/1/ 88/1/ 88/1/ 88/1/ 18/10 (M. 18/10)	100 (ZG)	
Principal Place of Business     3.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 04-3586082 Applied Not Ap	d For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required		
6. Name and Address of Current Registered Agent			<u></u>	7. Name and Address of New Registered Agent		
COLLING	· (CDOL)		Name			
1220-ĐO	i, Jerri L Uglas ave, ste 203 Dod Fl 32772		Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
	000 FL 32112			•		
*			City	FL Zip Code		
8. The above the obliga SIGNATURE			registered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and a	accept	
Afte Make Checi	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fo		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERO, DANIEL E 2805 N WESTMORELAND DRIVE ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition	

11 Addition Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-13-03 (407) 449-9457
Date Dayline Phone #