

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90118 016 ***150.00

DOCUMENT # P01000109224

1. Entity Name
JOSEPH J. HUERTAS & CO., INC.



Principal Place of Business
**11641 KEW GARDENS AVENUE
SUITE 101
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**11641 KEW GARDENS AVENUE
SUITE 101
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business
6637 AUDUBON TRACE WEST
Suite, Apt. #, etc.

3. Mailing Address
6637 AUDUBON TRACE WEST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH FL
Zip
33412
Country
USA

City & State
WEST PALM BEACH FL
Zip
33412
Country
USA

4. FEI Number
65-1152572

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HUERTAS, JOSEPH J
11641 KEW GARDENS AVENUE
SUITE 101
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
JOSEPH J. HUERTAS
Street Address (P.O. Box Number is Not Acceptable)
6637 AUDUBON TRACE WEST
City
WEST PALM BEACH FL Zip Code
33412

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 **JOSEPH J. HUERTAS**

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

Joseph J. Huertas

(NOTE: Registered Agent signature required when reinstating)

2/5/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HUERTAS, JOSEPH J | |
| STREET ADDRESS | 11641 KEW GARDENS AVENUE, SUITE 101 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUERTAS, JOSEPH J. | |
| STREET ADDRESS | 6637 AUDUBON TRACE WEST | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33412 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH J. HUERTAS** *Joseph J. Huertas* **2/5/03** **561 627 3697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)