

2000 UNIFORM BUSINESS REPORT (UBR) 51

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90020 045 ***150.00

DOCUMENT # P.93000013113 (4) ✓

1. Entity Name
 Hector Delivery And AERGO service corp.

Principal Place of Business **Mailing Address**
 8650 SW 133 AVE ROAD # 119 8650 SW 133 AVE ROAD # 119
 MIAMI, FL 33183 MIAMI, FL 33183

2. Principal Place of Business **3. Mailing Address**
 533 WEST 24 ST 533 WEST 24 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 HIALEAH FL HIALEAH FL

Zip **Country** **Zip** **Country**
 33010 33010

DO NOT WRITE IN THIS SPACE

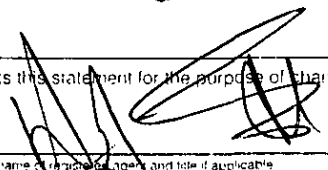
4. FEI Number **Applied For**
 65-0399022 Not Applicable

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

6. Name and Address of Current Registered Agent
 SERVELLO, HECTOR
 8650 SW 133 AVE ROAD # 119
 Miami, FL 33183

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 533 WEST 24 ST
 City HIALEAH FL Zip Code 33010

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 printed name of authorized agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

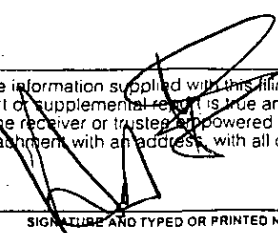
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete	☒ Change ☐ Addition		
PSTD SERVELLO, HECTOR 8650 SW 133 AVE ROAD # 119 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	533 WEST 24 ST HIALEAH FL 33010	
☐ Delete	☐ Change ☐ Addition		
☐ Delete	☐ Change ☐ Addition		
☐ Delete	☐ Change ☐ Addition		
☐ Delete	☐ Change ☐ Addition		
☐ Delete	☐ Change ☐ Addition		
☐ Delete	☐ Change ☐ Addition		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** **Daytime Phone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR