

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 011 ***150.00

DOCUMENT # **P93000088129**



1. Entity Name
HECHAVARRIA GLOBAL CORPORATION

Principal Place of Business
**10550 NW 77 CT
#208
HIALEAH GARDEN FL 33016**

Mailing Address
**10550 NW 77 CT
#208
HIALEAH GARDEN FL 33016**

C/O Lopez Accounting

2. Principal Place of Business

3. Mailing Address
1800 W. 49 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#121

City & State

City & State
Hialeah, FL

Zip

Country

Zip

Country

33012

USA

4. FEI Number **65-0456097**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HECHAVARRIA, CARLOS SR
10550 N.W. 77TH CT., #208
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Carlos Hechavarría*

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

Carlos Hechavarría

(NOTE: Registered Agent signature required when reinstating)

1/17/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|---------------------------|------------------|---------------------------------|
| PD | HECHAVARRIA, CARLOS SR | 10550 N.W. 77TH CT., #208 | HIALEAH FL 33016 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Carlos Hechavarría
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2003
Date

305) 364-8958
Daytime Phone #

CR2E034 (10/02)