2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000094940**

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

HERZOG, RONALD E

STEPHENS J.M.

MIAMI FL

6480 SW 82ND AVE

300 SEVILLA, SUITE 215

CORAL GABLES FL 33134

Tax filing requirement and elects to do so.

(See criteria on back)

1. Entity Name

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

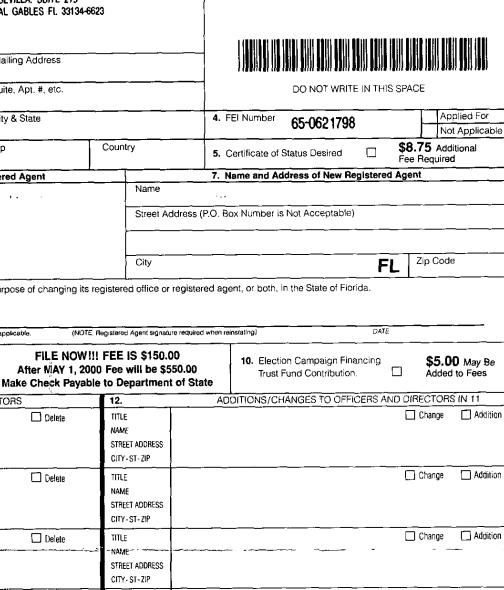
CITY-ST-ZIP

HERON CAPITAL MANGEMENT, INC.

SS	Mailing Address			
	•			
300 SEVILLA. SUITE 215 CORAL GABLES FL 33134				
2. Principal Place of Business				
Suite, Apt. #, etc.			DO NOT WRITE IN	
City & State			4. FEI Number 65-0621798	
Country	Zip	Country	5. Certificate of Status Desired	
e and Address of Cu	rrent Registered Agent		7. Name and Address of New Regis	
-		Name	•••	
iald e Suite 215 Es Fl 33134		Street Ad	Street Address (P.O. Box Number is Not Acceptable)	
		City		
	Country e and Address of Cu IALD E SUITE 215 S FL 33134	CORAL GABLES FL. 33 ness 3. Mailing Address Suite, Apt. #, etc. City & State Zip e and Address of Current Registered Agent ALD E SUITE 215 S FL 33134	Suite, Apt. #, etc. City & State Country Zip Country e and Address of Current Registered Agent Name Name Street Address Street Agent Street Address Street Agent	

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90066 017 ***150.00



CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 true 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.

FILE NOW!!! FEE IS \$150.00

After NAY 1, 2000 Fee will be \$550.00

☐ Delete

Delete

☐ Delete

☐ Delete

□ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition