

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90030 040 ***150.00

DOCUMENT # P97000072262

1. Entity Name
HERTFORD USA, INC.

Principal Place of Business

8512 NW 61 ST., STE. 101
 MIAMI FL 33166

Mailing Address

150 APHANTRA CIR
 SUITE 800
 CORAL GABLES FL 33146
 US

2. Principal Place of Business

3. Mailing Address

11315 N.W 66 STREET

Suite, Apt. #, etc.

40 Carlos Rodriguez

City & State

MIAMI FLA

Zip

33178

Country

Country

4. FEI Number 65-0793347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUENINGER & PUJOL, P.A.
 3191 CORAL WAY, SUITE 1005
 MIAMI FL 33145

Name

CARLOS E. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

3900 N.W 79 AVENUE SUITE 444

City

MIAMI

FL

Zip Code

33146

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RODRIGUEZ, CARLOS E
 CITY-ST-ZIP 8512 NW 61 ST., STE. 101
 MIAMI FL 33166

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS
 RODRIGUEZ
 DIRECTOR

Date

Daytime Phone #

2/12/01 (305) 591-0060

CR2E034 (10/00)