

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 008 ***158.75

DOCUMENT # **997000079907**

1. Entity Name

HERSSEIN & LARKIN, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

740 W 41 STREET

Suite, Apt. #, etc.

3. Mailing Address

740 W 41 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0790136

Applied For

Not Applicable

Zip

33140

Country

MIAMI-DADE

Zip

33140

Country

MIAMI DADE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL HERSSEIN

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

2065 N. BAY RD

MIAMI BEACH

City

v

v

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **Pres.**
NAME: **DANIEL HERSSEIN**
STREET ADDRESS: **2065 N BAY RD**
CITY-ST-ZIP: **MIAMI BEACH, FL 33140**

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Daniel Herssein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28 / 03 **305-742-3418**
Date Daytime Phone #

CR2E034B (12/02)