

2002 ANNUAL REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 018 ***150.00

DOCUMENT # P98000008946

1. Entity Name

HERSYL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
785 Crandon Blvd.

3. Mailing Address

18331 Pines Blvd.

Suite, Apt. #, etc.

Apt. #402-A

Suite, Apt. #, etc.

Apt. #110

City & State

Key Biscayne, FL

City & State

Pembroke Pines, FL

Zip

33149

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0808283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

~~Wesley M. Robinson, Esq.~~

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

Courvoisier Centre I, Suite 504

501 Brickell Key Drive

City

Miami, FL

FL

Zip Code

33131

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President & Director
GARCIA, HERBERT
785 Crandon Blvd., #402-A
Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary & Treasurer & D
GARCIA, SYLVIA A.
785 Crandon Blvd., #402-A
Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Herbert Garcia, as President

1/18/02

Date

Daytime Phone #

CR2E034B (12/01)