

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90252 010 ***150.00

DOCUMENT # P98000037936

1. Entity Name

HEVIA SERVICES, INC.

Principal Place of Business

~~2410 S.W. 6TH ST~~
~~MIAMI FL 33135~~

Mailing Address

~~2410 S.W. 6TH ST~~
~~MIAMI FL 33135~~

B0088741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1149 SW 27 ave

3. Mailing Address

1149 SW 27 ave

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HEVIA, JACQUELINE~~
~~2410 S.W. 6TH ST~~
~~MIAMI FL 33135~~

7. Name and Address of New Registered Agent

Name

ANTONIO HEVIA

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

2410 SW 6 ST

City

Miami

FL

Zip Code

33135

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 printed name of registered agent and title if applicable.

ANTONIO HEVIA

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVIA, ANTONIO 2410 S.W. 6TH ST MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (305) 642-2655

Date

Daytime Phone #

CR2E034 (9/01)