

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 MAY 29 PM 2:08

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000085057</b>			
1. Entity Name <b>HEVIA ENTERPRISES, INC.</b>			
Principal Place of Business 10423 S.W. 40 STREET MIAMI, FL 33165		Mailing Address 8115 SW 147TH CT MIAMI, FL 33193	
2. Principal Place of Business <b>10453 SW 40 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>10453 SW 40 Street</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33165</b>		Zip <b>33165</b>	
Country		Country	
4. FEI Number <b>65-0895992</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HEVIA, OTTO</b> <b>10453 SW 40 Street</b> <b>Miami, FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST</b> <b>HEVIA, OTTO</b> <b>10453 SW 40 Street</b> <b>MIAMI, FL 33165</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		OTTO HEVIA - PRES 04/30/03 (305) 220-3320	
SHOW TITLE AND TYPE OF OFFICER OR DIRECTOR		Continue Page #	

700020682898  
06/09/03 01065 014 \*\$50.00

(1002)

**HEVIA ENTERPRISES INC.**

**10453 SW 40 STREET  
MIAMI, FLORIDA 33165**

May 15, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Document #P98000085057  
2003 Uniform Business Report

To Whom It May Concern:

We are hereby requesting to please accept the enclosed \$150.00 payment and abate the penalty imposed for late filing.

Due to the fact that we moved and changed location we did not receive our 2003 Uniform Business Report and consequently did not file timely.

Your assistance and cooperation is appreciated.

Sincerely,



Otto Hevia  
President