## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000097402

1. Entity Name

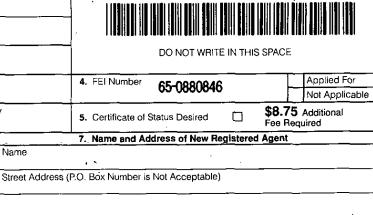
## HERR INVESTMENTS, INC.

Principal Place of Business	Mailing Address	
14247 SW 165TH STREET MIAMI FL 33177	14247 SW 165TH STREET MIAMI FL 33177-1834	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip	Country

6. Name and Address of Current Registered Agent

## FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90077 012 \*\*\*150.00



HERRERA, MARIO 14247 SW 165TH STREET MIAMI FL 33177

SIGNATURE

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.

(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible		
	Tax filing requirement and elects to do so.	Ì
	(See criteria on back)	

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change : TITLE ☐ Delete HERRERA, MARIO NAME STREET ADDRESS STREET ADDRESS 14247 SW 165TH STREET MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition VP-5 TITLE □ Delete TITLE HERRERA, DEBORAH R NAME NAME 14247 SW 165 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** -TITLE Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing boes 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 AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTO

4-13-00 305.

Daytime Phone

CR2E034 (9/9)