

7 **2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000043789**

1. Entity Name  
**HERMANRACE TRADING INC.**

Principal Place of Business <b>18936 N.W. 57TH AVE APT 208 MIAMI FL 33015</b>	Mailing Address <b>18936 N.W. 57TH AVE APT 208 MIAMI FL 33015</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  
**CORREA, HERMAN  
18936 N.W. 57TH AVE  
APT 208  
MIAMI FL 33015**

4. FEI Number <b>65-0921162</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 ✓ After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORREA, HERMAN</b>		NAME		
STREET ADDRESS	<b>18936 N.W. 57TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33015</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>RUIZ RAIZA C</b>	
STREET ADDRESS			STREET ADDRESS	<b>18936 NW 57TH AVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 appointment with an address, with all other like empowered.

SIGNATURE  **HERMAN CORREA** 01/15/01 (305) 769-1186  
Date Daytime Phone #

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**  
02-21-2001 90063 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)