

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050665

1. Entity Name

HER COMMERCIAL SERVICES INC.
D/B/A PAKMAIL

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 22 PM 1:03

Principal Place of Business

Mailing Address

20547 OLD CUTLER RD.
OLD CUTLER TOWNE CENTER
MIAMI, FLORIDA 33189

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

MIAMI-DADE

Zip

Country

4. FEI Number

05-0983679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL R. SASSO, ESQ.
28 WEST FLAGLER ST. SUITE 505
MIAMI, FLORIDA 33130

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

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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RAMON ERNESTO FERNANDEZ
6930 SW. 132 PL
MIAMI, FLORIDA 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004435529--6
-06/21/01--01081--030
****150.00 ****150.00

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2001

786-367-9901

CR2E034 (11/00)