

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90116 031 \*\*\*150.00

**DOCUMENT # P99000061874**

1. Entity Name  
**HERMEX SOUTHEAST, INC.**



Principal Place of Business  
**4450 NW 74TH AVENUE  
MIAMI FL 33166**

Mailing Address  
**4450 NW 74TH AVENUE  
1000 BRICKELL AVE., SUITE 480  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address  
**4450 NW 74th AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI, FLORIDA**

Zip

Country

Zip  
**33166**

Country  
**USA**

4. FEI Number  
**65-0934408**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLINA, ALEIDA M  
1000 BRICKELL AVENUE  
SUITE 480  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ROBERTO F. FREITAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**OCEAN BANK BLDG., SUITE 530**  
**782 NW LEJEUNE RD.**  
City **MIAMI** FL Zip Code **33126**

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 reinstating)

DATE **2/24/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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>PST MONTESINOS, CESAR 4450 NW 74TH AVENUE MIAMI FL 33166</b>	<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
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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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTO FREITAS** 2/20/03. (305) 93-8910  
Date Daytime Phone

CR2E034 (10/02)