

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067011

1. Entity Name
JOSEPH HERNANDEZ, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 044 ***158.75

Principal Place of Business

4361 W. MCNAB RD.
SUITE 24
POMPAÑO BEACH FL 33069

Mailing Address

4361 W. MCNAB RD.
SUITE 24
POMPAÑO BEACH FL 33069

2. Principal Place of Business

12091 NW 2nd DR.
Suite, Apt. #, etc.

3. Mailing Address

12091 NW 2nd DR.
Suite, Apt. #, etc.

City & State

Coral Springs FL
Zip 33071 Country U.S.A

City & State

Coral Springs FL
Zip 33071 Country U.S.A

4. FEI Number

65-0950064

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUPARITZ, ALAN D
900 E. ATLANTIC BLVD.
SUITE 17
POMPAÑO BEACH FL 33060

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

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)

X

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

X

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HERNANDEZ, JOSEPH
STREET ADDRESS 4361 W. MCNAB RD.
CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME HERNANDEZ, JOSEPH
STREET ADDRESS 12091 N.W. 2nd Dr.
CITY-ST-ZIP Coral Springs FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (5/00)

Attachment doc # DW83401
P99000067011

August 10, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

ATTN. Renewal Division

Re: Joseph Hernandez, Inc.
EIN: 65-0950064

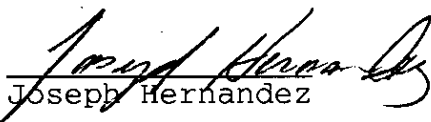
To whom it may concern:

The following letter is to inform your office that I never received my application to reinstate my corporation, and did not realized it until recently, that I received "Second Notice" to renew. This is my first year in business and was not aware of the renewal requirement. In addition I moved and perhaps the renewal form was misplaced during the move. To guarantee that this don't happen again, I have hired the services of an accountant whom, hopefully will remind me and advise me of all my responsibilities as a business owner.

I spoke with one of your staff members, who instructed me to advise your office in writing of the circumstances and to request a waiver of the penalty. I respectfully request your utmost consideration on waiving this penalty. At the present time this penalty is detrimental hardship.

If you have any questions, please do not hesitate to contact me at 954-575-1844.....

Sincerely,


Joseph Hernandez