

2000 UNIFORM BUSINESS REPORT (UBR)

05-17-2001 91363 016 ***750.00
P99000100055

DOCUMENT # P99000100055

1. Entity Name

HERDOCIA ASSOCIATES (WESTON), P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 PM 1:04

Principal Place of Business 17140 ARVIDA PARKWAY SUITE 2 WESTON FL 33326	Mailing Address 17140 ARVIDA PARKWAY SUITE 2 WESTON FL 33326
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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REINSTATEMENT 00-01

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964637

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

6. Name and Address of Current Registered Agent

HERDOCIA, FILIBERTO
10893 S.W. 153RD COURT
MIAMI FL 33196

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]* DATE 05-09-01

(NOTE: Registered Agent signature required when reinstating)

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 \$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 ☐ \$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	PVST HERDOCIA, FILIBERTO 10893 S.W. 153RD COURT MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERDOCIA, FILIBERTO 10893 S.W. 153RD COURT MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000004458302-7 -07/03/01--01070--012 ***150.00 ***150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]* REQUIRED

05/09/01/954-217-8411

CR2034 (5/00)