2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S12294 **DOCUMENT#**

1. Entity Name

Principal Place of Business

7251 W PALMETTO PARK ROAD

ROBERT HERRERO, JR. AND ASSOCIATES, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

-2003 90067 025 ***150.00

ATES, INC.	04-02-
Mailing Address 7251 W PALMETTO PARK ROAD	
SUITE 203	

SUITE 203 BOCA RATON	FL 33433		SUITE 203 BOCA RATON FL 33433											
2. Principal P	al Place of Business 3. Mailing Address					J		FIAT BIRT BIR						
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & State	State City & State					4.	65-0235823					olied For Applicable		
Zip	Country Zip Cou				Count	ry	5.	5. Certificate of Status Desired S8.75						
	6. Name	and Address of Current I	Registered	d Agent			7. Name and Address of New Registered Agent							
	, robert . Almetto f				-	Name Street Addre	ress (P.O.	Box No	umber is Not Acceptab	रा e)	<u>مو</u> حده .		•	
SUITE 203		AIR NO												
BOCA RATON FL 33433						City . FL Zip Code								
	named entity ions of registe	submits this statement for ered agent.	the purpo	ese of changing its	registere	d office or reg	gistered a	gent, o	r both, in the State of F	lorida. I a	am familiar	with, a	ind accept	
SIGNATURE .	Signature, typed	; or printed name of registered agent a	nd title if applic	cable. (NOTE	: Registered	Agent signature re	equired when	reinstatin	9)	DAT	E			
Afte	May 1, 200	FEE IS \$150.00 S Fee will be \$550.00 Florida Department of	State					9	Election Campaign F Trust Fund Contributi	_			May Be to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		A	DDITIO	ONS/CHANGES TO OF	FICERS A	AND DIREC	TORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT, JR ALMETTO PARK RD ON FL		☐ Delete		- 1					☐ Cha	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		☐ Delete							☐ Cha	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. se u	☐ Delete		i i	- · .	.=	-13		☐ Cha	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Cha	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					☐ Cha	ange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		information supplied with		☐ Delete	CITY-	ET ADDRESS ST-ZIP				16.2	☐ Cha	``	Addition	

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.

Daytime Phone #