

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S42484**

1. Entity Name

HERSAN TRADING CO.

Principal Place of Business

Mailing Address

**3396 N.W. 78TH AVE.
MIAMI FL 33122**

**3396 N.W. 78TH AVE.
MIAMI FL 33122-1124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0258797

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEMPERE, FRANCISCO
4221 W PALM-AIRE DR #203
POMPANO BEACH FL 33069**

Name

JOAQUIN ONTENIENT

Street Address (P.O. Box Number is Not Acceptable)

3396 NW 78 AVE.

City

MIAMI

FL

Zip Code

33122

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

JOAQUIN ONTENIENT (PRES.)

3/14/00

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, 2000 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 **S** ☐ Delete
NAME **SEMPERE, FRANCISCO**
STREET ADDRESS **4221 W PALM-AIRE DR #203**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **V** ☐ Delete
NAME **SEMPERE-ONTENIENT, MARIA**
STREET ADDRESS **3396 NW 78 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
NAME **ONTENIENT, JOAQUIN**
STREET ADDRESS **21028 NE 34 CT.**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **T** ☐ Delete
NAME **GONZALEZ, HUMBERTO**
STREET ADDRESS **3396 NW 78 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

**MARIA C. SEMPERE-
ONTENIENT**

3/14/00

Date

Daytime Phone #

**(305)
592-7614**

CR2F0114 (1/98)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90043 048 ***158.75



DO NOT WRITE IN THIS SPACE