

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90028 027 ***150.00

DOCUMENT # S45204

1. Entity Name

HERME ENTERPRISES, INC.

Principal Place of Business

Mailing Address

633 KEY DEER COURT
 APOPKA FL 32703

633 KEY DEER COURT
 APOPKA FL 32703-4496
 US

2. Principal Place of Business

3. Mailing Address

633 Key Deer Ct.
 Suite, Apt. #, etc.
 APOPKA FL
 City & State

633 Key Deer Ct.
 Suite, Apt. #, etc.
 APOPKA FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3063477** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FLAQUER, ROMEO
633 KEY DEER COURT
APOPKA FL 32703

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) ☐

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

T FLAQUER, HERMINIA 633 KEY DEER COURT APOPKA FL 32703	Delete
PD FLAQUER, ROMEO 633 KEY DEER CT APOPKA FL	Delete
VP MONTAS, JOSE ALFREDO 633 KEY DEER CT APOPKA FL 32703	Delete
	Delete
	Delete
	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Romeo Flaquer, INCORPORATED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00
 Date

Daytime Phone #

CR2E034 (9/99)