

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90358 012 \*\*\*150.00

DOCUMENT # **V45126**

1. Entity Name

**HERN & CO. INC.**

Principal Place of Business

**10512 SW 137 PLACE**  
**MIAMI FL 33186**

Mailing Address

**10512 SW 137 PLACE**  
**MIAMI FL 33186**

2. Principal Place of Business

**3050 MANSELL ROAD**

Suite, Apt. #, etc.

**SUITE D**

3. Mailing Address

**SAME AS IN ITEM 2**

Suite, Apt. #, etc.

City &amp; State

**ALPHARETTA, GA**

Zip

**30022**

Country

City &amp; State

Zip

Country

4. FEI Number

**65-0350755**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DAUM, JOHN ALLEN**  
**10512 SW 137 PLACE**  
**MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee 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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDC</b><br><b>JOSEPH A HERN</b><br><b>10512 SW 137 PLACE</b><br><b>MIAMI FL</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DAUM, JOHN A</b><br><b>10512 SW 137 PLACE</b><br><b>MIAMI FL 33186</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JOSE A. HERNANDEZ</b><br><b>3050 MANSELL ROAD</b><br><b>ALPHARETTA, GA 30022</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>33186</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E034 (4/02)

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: **A** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02

Date

770-410-7707

Daytime Phone #

Attachment  
Document #

HERN & CO., INC.  
3050 WANSSELL ROAD, SUITE D  
ALPHARETTA, GA 30022

V45126

~~XXXXXXXXXX~~

39927

July 6, 2002

Florida Dept. of State  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Representative:

Enclosed is our 2002 Uniform Business Report along with our check for \$150 made payable to Florida Department of State.

Please be advised that this is the first notice of the report we have received. Accordingly, we respectfully request that the \$400 additional filing fee applicable to delinquent reports be abated.

Thank you for your assistance in this matter.

Sincerely,

  
Jose A. Hernandez, President