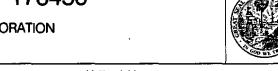
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

176450

HECHT RUBBER CORPORATION





TILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90193 011 ***150.00

| Principal Place of Business 6161 PHILLIPS HWY JACKSONVILLE FL 32216-5920 | | | Mailing Address 6161 PHILLIPS HWY JACKSONVILLE FL 32216-5920 | | | | | | | | | |
|---|--|--------------------------|--|------------------|------|---|---|---------------------------------------|-----------|----------------|------------------------|--|
| 2. Principal P | Place of Busin | ess | 3. Mailing Address | | | | | 8 (88 8 8 8 8 8 | | DIEN DIEN 3181 | i Didil Didil 1021 | |
| Suite, Apt. | #, etc. | <u>.</u> " | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | 4. 1 | FEI Number | 59-0703038 | } | | pplied For | |
| Zip Country | | | Zip Country | | | 5. (| 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name | and Address of Current F | Registered Agent - | gistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name | | | | | | | |
| | | FERED AGENT CORP. | Stree | | | Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 701 BRIC SUITE 30 | CKELL AVEN | IUE | | | | · | | | | | | |
| MIAMI FL | | | | City FL Zip Code | | | | | de | | | |
| <u> </u> | | | | | | | | | | <u> </u> | | |
| 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 | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003-Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Trust | ion Campaign Fin Fund Contribution | n. [| ☐ Add∈ | 00 May Be d to Fees | |
| 10. | ··· | OFFICERS AND D | | 11, | | AD | DITIONS/CH | HANGES TO OFFI | ICERS AND | DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS. CITY-ST-ZIP | S HECHT, S 6161 PHII JACKSON | LIPS HGWY | ☐ Delete | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HECHT, N 6161 PHII JACKSON | LIPS HIGHWAY | ☐ Delete | | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD HECHT, S | Tuart Lips Highway | ☐ Delete | | | 7 | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | VD HECHT, L | ARRY LIPS HIGHWAY | ☐ Delete | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | ., 1880 | | | ☐ Change · | Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN