2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 585568 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** LINDA G. HIRSCH, P.A. 01-12-2000 90094 013 ***150.00 Principal Place of Business Mailing Address 1232 PALERMO AV 1232 PALERMO AV CORAL GABLES FL 33134-6327 CORAL GABLES FL 33134-6327 PABATAAA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1842307 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIRSCH, LINDA G Street Address (P.O. Box Number is Not Acceptable) 1232 PALERMO AVE. **CORAL GABLES FL 33134** 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, typed or printed name of registered agent and title if applicable. DATE 1 (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. تِّ.□ (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE HIRSCH, LINDA G. NAMÉ NAME STREET ADDRESS STREET ADDRESS 1232 PALERMO AVE. CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change - Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition T(T) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 in the composition of the corporation or an attachment with an address, with all other like empowered.

Daytime Phone #