2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State DOCUMENT # 585568 1. Entity Name 01-29-2002 90060 012 ***150 00 LINDA G. HIRSCH, P.A. Principal Place of Business Mailing Address 1232 PALERMO AV 1232 PALERMO AV しじひよんひまひ CORAL GABLES FL 33134-6327 CORAL GABLES FL 33134-6327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1842307 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIRSCH, LINDA G Street Address (P.O. Box Number is Not Acceptable) 1232 PALERMO AVE. CORAL GABLES FL 33134 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Addition Change TITLE ☐ Delete TITLE HIRSCH, LINDA G. NAME NAME 1232 PALERMO AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ... TITLE ☐ Change □ Detete NAME " NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE: CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME 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 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

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LINDAG.HIRSCH

FILED