

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90081 037 ***150.00

DOCUMENT # L14558

1. Entity Name
HERSH RECONSTRUCTION COMPANIES, INC.

| | |
|--|--|
| Principal Place of Business 1275 BENNETT DR #200 LONGWOOD FL 32750 | Mailing Address 1275 BENNETT DR #200 LONGWOOD FL 32750 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3045710 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MIORA, NISSAN 1275 BENNETT DR. SUITE 200 LONGWOOD FL 32750 | | | | Name Itshak Hershkovich | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1275 Bennett Drive, Suite 200 | | | |
| | | | | City Longwood | | FL | |

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 *Itshak Hershkovich* DATE **4/26/01**

Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

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, 2001 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HERSHKOVICH, ITSHAK 1275 BENNETT DR. SUITE 200 LONGWOOD FL 32750 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIORA, NISIM 1275 BENNETT DR. SUITE 200 LONGWOOD FL 32750 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

05/15/01

CR2E034 (10/00)