72000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # 427530** 1. Entity Name H.E.M. INVESTMENTS, INC. 04-24-2000 90119 015 ***150.00 Principal Place of Business Mailing Address E. MILLMAN E. MILLMAN 2430 SHADOWLAWN DR. #12 2430 SHADOWLAWN DR. #12 644004 NAPLES FL 34112-4801 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1545745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name MCDONALD, STANLEY A. Street Address (P.O. Box Number is Not Acceptable) 2430 SHADOWLAWN DR **SUITE #12** NAPLES FL 34112 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE Delete TITLE Change Addition MILLMAN, EDYTHE NAME NAME STREET ADDRESS STREET ADDRESS 185 ONTARIO ST. APT. 106 CITY-ST-ZIP CITY-ST-ZIP KINGSTON ONTARIO CAN TITI F ☐ Change ■ Addition TITLE ☐ Delete MCDONALD, STANLEY A. NAME NAME STREET ADDRESS STREET ADDRESS 2430 SHADOWLAWN DR, #12 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change Addition ☐ Delete TITLE TITLE VP. NAME NAME MILLMAN, ALLAN DAVIT MILLMAN, ALLAN DAVID STREET ADDRESS STREET ADDRESS 185 ONTARIO ST. APT 106 185 ONTARIO ST. APT 106 CITY-ST-ZIP CITY-ST-7IP KINGSTON, ONTARIO, CAN KINGSTON, ONTARIO CAN Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE HILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all ether like empowered.