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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # 467858** HERBERTO CORPORATION 04-09-2001 90018 039 ***150.00 Principal Place of Business Mailing Address 1595 NE 16ERD ST 1595 NE 163RD ST N. MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 US US 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 59-1565735 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MISKA, DOUGLAS S Street Address (P.O. Box Number is Not Acceptable) GATOR REALTY & MANAGEMENT, INC. 1595 NE 163RD ST N. MIAMI BEACH FL 33162 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) ☐ Addition Change TITLE ☐ Delete DELLER, ALBERTO NAME NAME 10205 COLLINS AVE #1062 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33138** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DELLER, MICHEL NAME NAME STREET ADDRESS 10205 COLLINS AVE #1062 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BAL HARBOUR FL 33138** ☐ Change TITLE ☐ Addition ☐ Delete KLEIN DE DELLER, FRIDA NAME NAME 10205 COLLINS AVE #1062 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BAL HARBOUR FL 33138** Addition ☐ Change TITLE ☐ Delete TITLE DELLER DE BEISTCH, HELLEN NAME NAME 10205 COLLINS AVE #1062 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAL HARBOUR FL 33138** ☐ Change ☐ Addition Delete TITLE TITLE DELLER, PIERRE NAME NAME STREET ADDRESS 10205 COLLINS AVE #1062 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BAL HARBOUR FL 33138** ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 if 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 employeed 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 withyan address, with all other like employeed.

xlos S. Miska