2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 589735** Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** HERBCO AUDITING SERVICE INC. 01-13-2000 90042 004 ***150.00 Mailing Address Principal Place of Business 7041 S.W. 11TH ST. 7041 S.W. 11TH ST. PLANTATION FL 33317 PLANTATION FL 33317-4113 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1850807 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINBERG, HERBERT B. Street Address (P.O. Box Number is Not Acceptable) 7041 S.W. 11 ST. PLANTATION, FLORIDA 33317 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) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE STEINBERG, HERBERT B. NAME NAME STREET ADDRESS STREET ADDRESS 7041 S.W. 11TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Addition ☐ Change ☐ Delete TITLE STEINBERG, SANDRA S. NAME STREET ADDRESS STREET ADDRESS 7041 S.W. 11TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change Addition ☐ Delete 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 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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. If 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.

SIGNATURE:

| STELNGEN | Proper | Proper | Pagrime Phone |

CR2E034 (9/99)