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FILED Sep 10, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 663191 1. Entity Name 09-10-2001 90004 003 ***550.00 HERMAN WALKER CORPORATION Principal Place of Business Mailing Address 9000 S.W. 168 STREET 9000 S.W. 168 STREET MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Busine Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE & State 4. FEI Number Applied For 59-1955164 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 10-0E 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRENCH, LYNN Street Address (P.O. Box Number is Not Acceptable) 7740 S.W. 181ST TERR. MIAMI FL 33157 Zip Code Ť 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (2/01) TITLE Delete TITLE ☐ Change Addition FRENCH, LYNN NAME NAME STREET ADDRESS 7740 SW 181ST TERR. STREET ADDRESS CR2E034 MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GANN, JOYCE NAME NAME STREET ADDRESS 22140 SW 152ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GOULDS FL 33170** TITLE Delete-TITLE Change Addition FRENCH, LYNN NAME NAME STREET ADDRESS 7740 SW 181ST TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 TITLE Delete TITLE Change Addition NAME WALKER, MARGOT NAME STREET ADDRESS 9000 SW 168TH STREET STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

SIGNATUR

CITY-ST-ZIP

TITLE

NAME

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. 305.255-3299

☐ Change

☐ Addition