## **2000 UNIFORM BUSINESS REPORT (UBR)**

Principal Pilars of Business Majore Address Majore	DOCUMENT # F9400003047  1. Entity Name HIRSCH METALS CORPORATION					FILED Jan 29, 2000 8:00 am Secretary of State		
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2. Principal Propo of Successor  T33 W ATTANTIC AIE Signe Ant + 100. SULTE ID SOLITE I	SABRE CENTER	H, SUITE 502 33487	SABRE CENTER II. SUITE 502	2				
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8. Hame and Address of Current Registered Agent  Name  HIRSCH, RONALD J  601 'BROKEN SOUND PARKWAY 4-T33 W. ATTANTICANE Street Address (P.O. Box Number is Not Acceptable)  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  PLANTICANE Street Address of Process or will be stored by its Intangable Tile Row of Pick Address (P.O. Box Number is Not Acceptable)  9. This corporation is deligible to sait by its Intangable Tax filling requirement and elected to do so.  (See criteria on back)  The PID Address of Process AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  HIRSCH, RONALD J  9001 BROKEN SQUIND PARKWAY 4733 W. ATLANTIC Aggist Address  1017-51-79  BOGA PATON FL 333487 DELRAY SET OF LIFE AGGIST STREET ADDRESS  1017-51-79  TILE  1028  1034  1045  1054  1055  107-51-79  1054  1056  1056  107-51-79  1056  1056  1057-51-79  1056  1056  1057-51-79  1057-51-79  1058	DELR	AY BEACH, FL	1) PI DON BY	Country +L				
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SIGNATURE PTD PERCENS AND DIRECTORS IN 1.  SIGNATURE PTD	6001	BROKEN SOUND PARKWAY 4	133 W. ATLANTIC	AVE Street Addre	ess (P.O. Bo	x Number is Not Acceptable	e) — <del></del>	
8. The above named entity submits this statement for the purpose of charging its registered office or regilivered agent, or both, in the State of Fiords.    Figure   Figure   Figure   Final Continued   Final Co	) SADI	RE CERNER II, SUITE SUZ	UITE ID	,				
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After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Addition Fees  Addition Fees  Addition Fees  Addition Fees  Addition Fees  Addition Addition  Addi	SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature re-	equired when rei	nstating)	DATE	
TITLE    MAME   STREET ADDRESS   CITY-ST-ZP	Tax filing r	equirement and elects to do so.	After MAY 1, 2000	Fee will be \$550.0				
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SIGNATURE: R. J. HIRSCH PRESIDENT 1-11-2000 561-638-3401	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report a	/ signature shall have	the same li	egal ettect as it made under	' oath∙ that I am an offic	er or director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	}	URE: RJ Hirse	PRESIDENT	A DIRECTOR	Jun	1-11-	2000 561-6 Daytime Phone	38-3 <del>1</del> 01