

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90015 009 ***550.00

DOCUMENT # K32155

1. Entity Name
HERKOZ INC.

Principal Place of Business
~~25400 SW 139TH AVE.
P O BOX 4282
PRINCETON FL 33092
US~~

Mailing Address
~~PO BOX 924282
HOMESTEAD FL 33092-4282
US~~

2. Principal Place of Business
25400 SW 139 Av.

3. Mailing Address
P.O.Box 924282

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State
Homestead, FL

4. FEI Number **59-2027054**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JONES, SHARON S.
3001 PONCE DE LEON BLVD suite 202
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CRAWFORD, GALE S. PO BOX 924282 N/A HOMESTEAD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, C.W. PO BOX 924282 N/A HOMESTEAD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 7/10/00 Daytime Phone: 305-258-0242



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)