

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90181 047 ***150.00

DOCUMENT # **L14558** ✓
1. Entity Name
Hersh Reconstruction Companies, Inc.

Principal Place of Business Mailing Address
1275 Bennett Dr. #200 **Same**
Longwood, FL 32750

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3045710** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Nissan Miora
1275 Bennett Dr #200
Longwood, FL 32750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Usha Miora* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Nissan Miora 1275 Bennett Dr #200 Longwood FL 32750
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
V. President Isaac Hersh Kovich 1275 Bennett Dr #200 Longwood, FL 32750
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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: *Usha Miora* **2.22.00** **407-865-5771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)