2003 FOR PROFIT CORPORATION

FILED May 02, 2003 8:00 am \$ **UNIFORM BUSINESS REPORT (UBR) Secretary of State** M43887 DOCUMENT # 05-02-2003 90240 035 ***150.00 1. Entity Name HERBKO, INC. Principal Place of Business Mailing Address 301 W HALLANDALE BCH BLVD 301 W HALLANDALE BCH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2751811 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERNBERG, HERB --Street Address (P.O. Box Number is Not Acceptable) 301 W HALLANDALE BCH BLVD HALLANDALE FL 33009 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution, Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STERNBERG, HERBERT NAME NAME STREET ADDRESS 301 W HALLANDALE BCH BLV STREET ADDRESS HALLANDALE FL CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE Delete TITLE STERNBERG, MARLENE NAME NAME STREET ADDRESS 301 W HALLANDALE BCH BLV STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director deep to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report the corporation of the receiver of trustees of the corporation or the receive or trustee er SIGNATURE

12. I hereby certify that the information supplied

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

Daytime Phone #