## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2001 8:00 am Secretary of State DOCUMENT # N00000003319 05-22-2001 90008 021 \*\*\*\*61.25 THE IRVING HERMAN AND FRANCES M. HERMAN FAMILY F Principal Place of Business Mailing Address 00056180 4301 NORTH OCEAN BLVD. #1106A 4301 NORTH OCEAN BLVD. #1106A **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1017828 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 Street Address (P.O. Box Number is Not Acceptable) DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 City Zip Code **BOCA RATON FL 33434** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Delete TITLE HERMAN, IRVING NAME RUBIN, BARBARA R NAME 4301 NORTH OCEAN BLVD. H1106 A STREET ADDRESS STREET ADDRESS 4301 NORTH OCEAN BLVD. #1106A CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33 431 **BOCA RATON FL 33431** Addition ☐ Delete HERMAN, FRANCES M. 4301 NORTH OCEAN BLVD. # 1106A NAME HERMAN, JEFFREY S NAME STREET ADDRESS STREET ADDRESS 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP ☐ Addition ☐ Delete COOPER, DEBORAH L NAME STREET ADDRESS STREET ADDRESS 4301 NORTH OCEAN BLVD. #1106A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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