

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90140 036 ****61.25

DOCUMENT # N00000008256

1. Entity Name

HERATRUST, INC.

Principal Place of Business

Mailing Address

**3653 A SOUTH FEDERAL HWY.
 BOYNTON BEACH FL 33435**

**3653 A SOUTH FEDERAL HWY.
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

3195 South Federal Hwy
 Suite, Apt. #, etc.

3195 South Federal Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Delray Beach, FL 33483		City & State Delray Beach, FL 33483		4. FEI Number 65-1062287	Applied For <input type="checkbox"/> Not Applicable
Zip 33483	Country US	Zip 33483	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, ANTONY 3145 SOUTH FEDERAL HIGHWAY DELRAY BEACH FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) 3195 South Federal Highway City Delray Beach, FL Zip Code 33483	

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 *Antony Mitchell* **Antony Mitchell** 3/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ANTONY 1128 ROYAL PALM BEACH #475 ROYAL PALM BEACH FL 33411 <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	D POPPER, MICHAEL 5385 PEACHTREE DUNE WOODY ROAD #202 ATLANTA GA 30342 <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	D HODGSON, THOMAS P JR 3852 NORTH QUAIL DRIVE BOYNTON BEACH FL 33436 <input checked="" 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	D CRAIG WALLACE 10300 LEXINGTON Estates Blvd. BOCA RATON, FL 33428 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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.

SIGNATURE: *Antony Mitchell* **ANTONY MITCHELL** 3/11/02 (561) 972-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)