2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE://e/ni/

Jun 21, 2001 8:00 am Secretary of State DOCUMENT # P00000072002 1. Entity Name 05-04-2001 90124 031 ***150.00 HARTSFIELD HOLDINGS, INC. Principal Place of Business Mailing Address 550 BILTMORE WAY #1120 550 BILTMORE WAY #1120 CORAL GABLES FL 33134 CORAL GABLES FL 33134 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 1.5-1031336 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph J. Weisen CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 550 B. Itmore Way, Suite 1120 TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the pyriose of changing its registered office or registered agent, or both, in the State of Florida. Jusiph J. Weisenfild SIGNATURE 9. This corporation is eligible to satisfy its intengible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 19. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PO Delete ☐ Change ☐ Addition TITLE TITLE NAME MENACHE, HERMAN NAME STREET ADORESS STREET ADDRESS 550 BILTMORE WAY #1120 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE Delete TITLE Weisenfeld, Joseph J NAME NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY #1120 CITY_ST+71P CITY-ST-7IP **CORAL GABLES FL 33134** TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZVP 13. I hereby certify that the information supplied with this filling 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 deceiver or trustee empowered to select this report its required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactiment with an address, with an address, with a made of the composured. 305-444-4477

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