

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90113 046 ***150.00

DOCUMENT #

1. Entity Name

HILDA WERTH, INC

P000000100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2404 SANDGRISS MILLS CIRCLE 2200 W GLADES RD #405

Suite, Apt. #, etc.

1105

Suite, Apt. #, etc.

BOCA RATON, FL

City & State

SUNRISE FL

City & State

Zip

33323

Country

USA

Zip

33431

Country

USA

4. FEI Number

651057138

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

M & W Registered Agents, INC.

Street Address (P.O. Box Number Is Not Acceptable)

2101 CORPORATE BLVD STE 101

BOCA RATON, FL 33431

City

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

5/02/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 MANUAL GORDON 350 E. 79 ST APT 19C NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT BONNIE RODINS P.O. Box 478 WACCA, FL 32179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER NORMA W. BEARING 251 W. HEMINGWAY CIR MARGATE, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NORMA W. BEARING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

561-368-9660

Daytime Phone #

CR2E034B (12/01)