2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State **DOCUMENT #** P00000114332 1. Entity Name HERTON HOLDINGS, INC. 05-16-2002 90035 011 ***150.00 Principal Place of Business Mailing Address 7270 NW 66 ST. 7270 NW 66 ST. MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1062592 Not Applicable \$8.75-Additional= 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TETLOW, CAROL Street Address (P.O. Box Number is Not Acceptable) 7270 NW 66 ST. MIAMI FL 33166 City Zip Code 8. The above named entity subprits to statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE PINKER, NORMAN A NAME NAME 8200 N.W. 52ND TERR., STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP TITLE ☐ Delete TITLE TETLOW, CAROL NAME NAME STREET ADDRESS 8200 N.W. 52ND TERR., STE. 300 STREET ADDRESS -CITY-ST-7iP-MIAMI FL 33166 ----CITY-ST-7IP **VD** TITLE Delete TITLE NAME ZOPPI, GERMAN R NAME STREET ADDRESS 10730 N.W. 66 ST., APT, 308 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 er trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: A

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR