2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empower changed, or on an attachment with ap address, will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P01000040449 1. Entity Name HRDC INC. 05-07-2002 90256 011 ***150.00 Principal Place of Business Mailing Address **BUILDING A 3940 INVERARRY BOULEVARD** BUILDING A 3940 INVERARRY BOULEVARD SUITE 401 SUITE 401 LAUDERHILL FL 33319 LAUDERHILL FL 33319 HS 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 Not Applicable Zip Country 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 WHITTLETON, TERRY Street Address (P.O. Box Number is Not Acceptable) **BUILDING A, 3940 INVERRARY BOULEVARD SUITE 401** LAUDERHILL FL 33319 City Zip Code 8. The above named entity submits this statement for the pyropse of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed na 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Preside. TITLE ☐ Delete TITLE Change ☐ Addition NAME hittle tow NAME 3940 INVERVATY Boulevar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME == NAME → == STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

FILED