

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014138

1. Entity Name

THE HEARTH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90193 013 ***150.00

Principal Place of Business

Mailing Address

456 ARTHUR GODFREY ROAD
 MIAMI BEACH FL 33140
 US

456 ARTHUR GODFREY ROAD
 MIAMI BEACH FL 33140-3504
 US

2. Principal Place of Business

3. Mailing Address

9 ISLAND AVE
 Suite, Apt. #, etc.
 # 507

9 ISLAND AVE
 Suite, Apt. #, etc.
 # 507

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

33139

6. Name and Address of Current Registered Agent

4. FEI Number

65-0403538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIX, GAIL 9 ISLAND AVENUE SUITE 507 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, PAMELA 9 ISLAND AVE., SUITE 1502 MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIX, KARIN 800 WEST AVENUE SUITE 211 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GAIL FIX

4/30/00
 Date

305-538-3358
 Daytime Phone #

CR2E034 (9/99)