FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90122 008 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063676

1. Entity Name: HERMAN FIELD INC

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2. Principal Place of Business	3. Mailing Address
4840 N. UNIVERSITY DR	4840 N. UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33351 Country: BROWARD	Zip: 33351 Country: BROWARD

4. FEI Number: 65-0621013 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SANFORD Z. CHEVLIN
Street Address (P.O. Box Number is Not Acceptable): 1008 W. HALLANDALE BEACH BLVD
City: HALLANDALE FL Zip Code: 33009

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) ☐

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	DIRECTOR
NAME	JERRY HERMAN
STREET ADDRESS	4840 N. UNIVERSITY DR
CITY-ST-ZIP	LAUDERHILL FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] JERRY HERMAN 4/8/02 954-742-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOTE - WE NEVER RECEIVED THIS YEAR'S PRINTED FORM.