2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000078827 1. Entity Name THOMAS R. HERTER COMPANIES, INC. 04-24-2001 90070 028 ***150.00 Principal Place of Business Mailing Address 934 UNIVERSITY DRIVE 934 UNIVERSITY DRIVE **SUITE #116 SUITE #116** POMPANO BEACH FL 33071 POMPANO BEACH FL 33071 ЦS 2. Principal Place of Business Mailing Address 134 NW 16th ST. WHEX ALL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. STE 4. FEI Number chy to Applied For **8**5-0614277 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent مهدشت بسيعوريدان سواسيه تأريب THOMAS R. HERTER Street Address (P.O. Box Number is Not Acceptable) 9299 NW 16TH ST. CORAL GABLES FL 33071 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. Mes ' SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicabl FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition SECRETARY, DIR TITLE Delete TITLE TRACK, CHRISTIAN M NAME NAME STREET ADDRESS 11 LETHINGTON ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP DIR Addition Change THOMAS R. HELTER 134 NW 16 CL ST STE 8 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BOLA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP TREAS, DIR R.R. REX, JR Change TITLE Delete NAME NAME 3452 W BOYNTON BUH BLYD STED STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE AND TYPED ON PRINTED NAME