FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or or an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State P99000030047 DOCUMENT # 1. Entity Name GONZALEZ & HERBERT, P.A. 04-30-2002 90069 016 ***150.00 Mailing Address Principal Place of Business 10081 PINES BLVD. 10081 PINES BLVD. SUITE E SUITE E PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 Jace of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0914111 Not Applicable \$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 Name HERBERT, CURTIS J. 10081 PINES BLVD. SUITE E PEMBROKE PINES FL 33024 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. (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERBERT, CURTIS J NAME NAME 10081 PINES BLVD., SUITE E STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VPDS** ☐ Delete ☐ Change TITLE TITLE GONZALEZ, MARITZA NAME NAME 1008 PINES BLVD, SUITE E STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY7ST-ZIP CITY-ST-ZIP ☐ Change TITLE ... Delete ИTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusteelempowered to execute his seport as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 if