CAPITAL CONNECTION 850 222 1222 04/27

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90178 001 ***450.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060729

1. Entity Name

HEAVEN AND EARTH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
215 Grand Ave Suite, Apt. #, etc.	215 Grand Ave Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Coconut Grove, FL	City & State: Coconut Grove FL	4. FEI Number: 65-09 47653 ☐ Applied For ☐ Not Applicable
Zip: 33133 Country: USA	Zip: 33133 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. TUCKER GIBBS

Street Address (P.O. Box Number is Not Acceptable): 215 GRAND AVE

City: COCONUT GROVE FL Zip Code: 33133

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P MARY ANN GISQUIERE-GIBBS 3835 UTOPIA CT COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Mary Ann Gisquiere Gibbs 4/29/02 305-443-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #