CHECEUT	
_	

FILED

14 Miles

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2001 8:00 am Secretary of State **DOCUMENT #** P99000061447 1. Entity Name 09-10-2001 90052 021 ***550.00 REHL FRAME & MIRROR MANUFACTURING, INC. Principal Place of Business Mailing Address 1461 S.W. 30TH AVENUE 1461 S.W. 30TH AVENUE UNIT #14 LINIT #14 POMPANO BEACH FL 33065 POMPANO BEACH FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0937638 Not Applicable Zip Zip Country Country \$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 HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BOULEVARD, SUITE #1501 FORT LAUDERDALE FL 33301 Zip Code 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. (5/01)TITLE ☐ Change TITLE ☐ Delete NAME HERSH, HAROLD NAME STREET ADDRESS CR2E034 STREET ADDRESS 1461 S.W. 30TH AVENUE, UNIT #14 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33065 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete --TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 receiveryor 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

SIGNATURE: