2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90016-024-$150.00-$150.00

DOCUMENT # P99000106220

1. Entity Name
HELLER INVESTMENTS & MANAGEMENT, INC.

FILED
00 SEP 27 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~8001 N. DALE MABRY, SUITE 501K TAMPA FL 33614~~ 4515 Gulfwinds Dr. Lutz, Florida 33549	~~8001 N. DALE MABRY, SUITE 501K TAMPA FL 33614~~ 4515 Gulfwinds Dr. Lutz, Florida 33549
2. Principal Place of Business: 4515 GUKFWINDS DR.	3. Mailing Address: 4515GULFWINDS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FLORIDA	City & State: LUTZ, FLORIDA
Zip: 33549 — Country: HILLSBOROUGH	Zip: 33549 — Country: HILLSBOROUGH

4. FEI Number: 59-3612058 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISAAK, MALKA ESQ.
306 E. TYLER ST., #300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: LEILA HELLER, PRESIDENT
Street Address (P.O. Box Number is Not Acceptable): 4515 GULFWINDS DRIVE
City: LUTZ — FL — Zip Code: 33549

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: LEILA HELLER, PRESIDENT — L. Heller — 9/25/2000
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) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PRESIDENT,V.P.,TREASURER ☐ Delete
NAME	LEILA HELLER
STREET ADDRESS / CITY-ST-ZIP	4515 GULWFWINDS DR. LUTZ, FL.33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SP

CR2E034 (5/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED L. Heller — 9/12/2000 — (813) 964-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #