

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90294 013 ***150.00

DOCUMENT # V07927

1. Entity Name

PAUL HERTZ HOLDING COMPANY

Principal Place of Business 12515 N. KENDALL DR. STE. 406 MIAMI FL 33186	Mailing Address 12515 N. KENDALL DRIVE STE. 406 MIAMI FL 33186-1831 US
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2. Principal Place of Business 7800 RED ROAD	3. Mailing Address 7800 RED ROAD
Suite, Apt. #, etc. 228	Suite, Apt. #, etc.
City & State	City & State
Zip 33143 Country	Zip 33143 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395900	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERTZ, PAUL T.
12515 N. KENDALL DR.
STE. 406
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7800 RED ROAD #228
 City **MIAMI** FL Zip Code **33143**

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 *Paul Hertz* *PAUL HERTZ* *4/24/00*
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTZ, PAUL T.		NAME		
STREET ADDRESS	12515 N. KENDALL DR., STE. 406		STREET ADDRESS	7800 RED ROAD #228	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: *Paul Hertz* *PAUL HERTZ* *4/24/00* *305-661-2229*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)