Amended

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45077

1. Entity Name

1731, Inc.

SIGNATURE: 4



SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 AM 8:00

Daytime Prone #

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 22/5 Corporate Civid., NW 29/5 Corporate Blvd., NW Suite, Apt. #, etc. Suite, Apt. #, e
2. Principal Place of Business 295 Corporate Civid., NW Sulte, Apt. #, etc.  Suite, Apt. #, e
2995 Corporate Bivd., NW Suite, Apt. #, etc. Site in this space Applied For Not Applicable Size Required  7. Name and Address of Current Registered Agent Name Norton Herrick Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE Street Address (P.D. Box Number is Not Acceptable) DONOT WRITE
Suite, Apt. #, etc.  Applied For  Not
Swite 222  City & State  BOCA ROTON  FL  Sip  Sip  Sin  Sin  Sip  Sin  Sin  Sin
Social Country   Social Ration   FL   (65 - 03 t 09 36   Not Applicable
7. Name and Address of Current Registered Agent  Name Norton Herrick  Street Address (P.O. Box Number is Not Acceptable)  NOTHIS SPACE  Suite 202
Name and Address of Current Registered Agent  Name Norton Herrick  Street Address (P.O. Box Number is Not Acceptable)  NOTHIS SPACE  NUMBER OF CORPORATE (S) VI. NW  Suite 202
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  NOTHIS SPACE  Suite 202
IN THIS SPACE Suite and
City O
ciy Boca Raton FL 33431
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
January 1, May 1 Fee is \$150.00 ( 9. Election Campaign Financing \$5.00 May Be
Amended UBR is \$51:25 Trust Fund Contribution. Added to Fees  Make Check Payable to Florida Department of State.
10. OFFICERS AND DIRECTORS
Norton Herrice Number 1
STREET ADDRESS JOOG & COMPONICATE GIVO. NW. STREET ACCRESS AS
BOCG RATON FC 35431
MALE HOCKICK
STRET ADDRESS 2 Cidopedad Ave., Swite 370 STRET ADDRESS 201006=012 ***306.251
TILE VIAS
NAME michael Herrick STRETADDRESS 2 Cide add 1 Avg. Swite 370
STREET ADDRESS  a Cid cid club Ave. Suite 370  Colon 1900 115, N.J. 07927  Colon 1900 115, N.J. 07927  Colon 1900 115, N.J. 07927
THE PAGE NOT LICENSE AND THE SPACE
STREET ADDRESS > Ridgedgle Ave., Suite 370
CITY-ST-ZIP CE day (Cholls NJ 0792) CITY-ST-ZIP
NAME Elayne Herrich AHLIDE
STREET ADDRESS (LIDO'SE STA MVC. PHILOY) ISTREET ADDRESS (LIDO'SE STA MVC. PHILOY)
CITY-ST-ZIP MONO ROTON FL 33432 CONTST-ZIP CONTST-ZIP
NAME NISON Kymalli
STRET ADDRESS 2 Ridgedale Ave. Swite 370
12. 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 10 or on an attachment with an address with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR