

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041059

1. Entity Name

M&H INTERNATIONAL GROUP, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 019 ***158.75

Principal Place of Business

1035 SOUTH FEDERAL HIGHWAY
APT 211, DELRAY HARBOR CLUB
DELRAY BEACH FL 33483

Mailing Address

1035 SOUTH FEDERAL HIGHWAY
APT 211, DELRAY HARBOR CLUB
DELRAY BEACH FL 33483-5143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852871

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOROWITZ, JERALD I
1035 SOUTH FEDERAL HIGHWAY
APT 211, DELRAY HARBOR CLUB
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$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.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME HOROWITZ, JERALD E
STREET ADDRESS 1035 S FEDERAL HWY #211
CITY-ST-ZIP DELRAY BCH FL 33483

TITLE ☒ Change ☐ Addition
NAME HOROWITZ, JERALD I *Correct middle initial is I*
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME HOROWITZ, RICHARD D
STREET ADDRESS 1200 S. FLAGLER DR
CITY-ST-ZIP W. PALM BCH FL 33424

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *33401* *Correct zip code is 33401*

TITLE V ☐ Delete
NAME MERLES, ALAN
STREET ADDRESS 514 ANDERSON AVE
CITY-ST-ZIP CLOSTER NJ 07624

TITLE ☒ Change ☐ Addition
NAME MEKLES, ALLAN *Correct spelling of name*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

54-835-8160

Daytime Phone #

CR2E034 (9/99)