

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 023 \*\*\*150.00

**DOCUMENT # F69506**

1. Entity Name

MLH SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6916 NW 34th Avenue

Suite, Apt. #, etc.

3. Mailing Address

c/o E. Scott Golden, Esq.

Suite, Apt. #, etc.

644 SE 4th Avenue

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33309

Country

USA

Zip

33301

Country

USA

4. FEI Number

59-2167954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Golden, E. Scott, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
644 Southeast Fourth Avenue

City Fort Lauderdale

FL

33301

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 PD  
NAME HODDER, MARK L.  
STREET ADDRESS 6916 NW 34 Avenue, Ft. Lauderdale  
CITY-ST-ZIP FL 33309

TITLE D  
NAME GANS, NATHAN J.  
STREET ADDRESS 6916 NW 34 Avenue  
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE S  
NAME BRASINGTON, DORIAN F.  
STREET ADDRESS 6916 NW 34 Avenue  
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE T ASD  
NAME BOGDANOFF, KENNETH  
STREET ADDRESS 6916 NW 34 Avenue  
CITY-ST-ZIP Fort Lauderdale, FL 33309

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIAN F. BRASINGTON

Date

4/14/02

Daytime Phone #

CR2E034B (12/01)