2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93432

1. Entity Name

M H ENGINEERING, INC.

Principal Place of Business	Mailing Address
7438-B SW 48TH ST MIAMI FL 33155	7438-B SW 48TH ST MIAMI FL 33155-4469

A5096691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
10565 SW 113 PLACE	10565 SW 113 PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State MIAMI FL	City & State MIAMI FL	**4. FEI Number** 65-0126358	Applied For / Not Applicable
Zip 33176 / Country USA	Zip 33176 / Country USA	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
HOSPITAL, EMILIO 7438-B SW 48TH ST MIAMI FL 33155	Name Hospital, Emilio Street Address (P.O. Box Number is Not Acceptable) 10565 SW 113 PLACE City MIAMI FL Zip Code 33176

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 STREET ADDRESS ST-ZIP	P HOSPITAL, EMILIO 7438-B SW 48TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE STREET ADDRESS ST-ZIP	ST FRAGA, MARIA TERESA 7438 SW 48TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE STREET ADDRESS ST-ZIP	V HOSPITAL, MICHELLE 7438-B SW 48TH STREET MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Michelle Hospital   4/26/00   (305)596-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #