

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90027 047 \*\*\*158.75

0222704

**DOCUMENT # K93432**

1. Entity Name

**M H ENGINEERING, INC.**

Principal Place of Business

**10565 SW 113 PLACE  
 MIAMI FL 33176**

Mailing Address

**10565 SW 113 PLACE  
 MIAMI FL 33176**

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 **65-0126358**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**713854**



DO NOT WRITE IN THIS SPACE

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

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/6/01**

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, 2001 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 ☐ Delete  
 NAME **P HOSPITAL, EMILIO**  
 STREET ADDRESS **7438-B SW 48TH ST**  
 CITY-ST-ZIP **MIAMI FL**

☒ Change ☐ Addition  
 TITLE  
 NAME **10565 SW 113 PLACE**  
 STREET ADDRESS **MIAMI, FL 33176**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **ST FRAGA, MARIA TERESA**  
 STREET ADDRESS **7438 SW 48TH ST**  
 CITY-ST-ZIP **MIAMI FL**

☒ Change ☐ Addition  
 TITLE  
 NAME **10565 SW 113 PLACE**  
 STREET ADDRESS **MIAMI, FL 33176**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V HOSPITAL, MICHELLE**  
 STREET ADDRESS **7438-B SW 48TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33155**

☒ Change ☐ Addition  
 TITLE  
 NAME **10565 SW 113 PLACE**  
 STREET ADDRESS **MIAMI, FL 33176**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
 TITLE  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/01**

Date

**3055964999**

Daytime Phone #

CR2E034 (10/00)