

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000002484

1. Entity Name

Changed 7/6/01 To:

MHBC, LLC

FILED

01 JUL 31 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O SANDER MEDNICK. ESQ.  
5835 NW 21ST WAY  
BOCA RATON FL 33496

Mailing Address

C/O SANDER MEDNICK. ESQ.  
5835 NW 21ST WAY  
BOCA RATON FL 33496

2. Principal Place of Business

5301 N. Federal Hwy.

3. Mailing Address

5301 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 370

Suite, Apt. #, etc.

Suite 370

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

Zip

33487

Country

4. FEI Number

65-1116615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2607

7. Name and Address of New Registered Agent

Name Sander Mednick

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

Milestone Capital Corp.

5835 NW 21st Way

City

Boca Raton

FL

Zip Code

33496

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.

Sander Mednick

(NOTE: Registered Agent signature required when reinstating)

7-23-01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

800004524248--C  
-08/08/01--01051--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Sander Mednick  
STREET ADDRESS 5835 NW 21st Way  
CITY-ST-ZIP Boca Raton, FL 33496

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sander Mednick

SIGNATURE REQUIRED

7-23-01

561-995-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)