

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 AUG 29 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L63417

1. Entity Name  
(REINSTATEMENT)  
M & H REAL ESTATE, INC.

Principal Place of Business Mailing Address  
1492 So. Miami Ave. (SAME)  
Suite 203  
Miami, Fl., 33130

2. Principal Place of Business 3. Mailing Address  
SAME SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
Zip Country Zip Country 65-0359620 Not Applicable

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

INAKI SAIZARBITORIA, ESQ.  
1492 So. Miami Ave.  
Suite 203  
Miami, Fl., 33130

## 7. Name and Address of New Registered Agent

Name SAME  
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 *Inaki Saizarbitoria* 8/28/00  
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHERMANN, MAURICIO I	
STREET ADDRESS	1492 So. Miami Ave., Ste. 203	
CITY-ST-ZIP	Miami, Fl., 33130	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHERMANN, MARIA HELENA	
STREET ADDRESS	1492 So. Miami Ave., Ste. 203	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003391616--8
STREET ADDRESS	-09/13/00--01056--018
CITY-ST-ZIP	***1358.75 ***1358.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	96-00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT**

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: *M. Chermann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8-28-00 Daytime Phone #

CR2E034 (9/99)