

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79281

1. Entity Name

OHS, INC.

Principal Place of Business

Mailing Address

5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126

5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126-2034

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 65-0274594

Applied For
Not Applicable

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

SHUE, HENRY C. TIE
5775 BLUE LAGOON DR.
STE. 400
MIAMI FL 33126

Name

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

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 ☐ Delete
NAME SHAPIRO, STANLEY I
STREET ADDRESS 5775 BLUE LAGOON DR., STE. 400
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME BRRIER, ROBERT G
STREET ADDRESS 2800 PONCE DE LEON BLVD STE 1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VCD ☐ Delete
NAME LEVINE, HOWARD
STREET ADDRESS 5775 NW BLUE LAGOON DR., STE.400
CITY-ST-ZIP MIAMI FL 33126

TITLE S ☐ Delete
NAME BERMAN, MARLA I.
STREET ADDRESS 5775 NW BLUE LAGOON DR., STE.400
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME GORMAN, MICHAEL A.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE FL 02902

TITLE D ☐ Delete
NAME HILINSKI, SCOTT F.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02902

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPCEO ☒ Change ☐ Addition
NAME Shapiro, Stanley I.
STREET ADDRESS 5775 Blue Lagoon Dr. Suite 400
CITY-ST-ZIP Miami, FL 33126

TITLE D ☒ Change ☐ Addition
NAME Breier, Robert G.
STREET ADDRESS 2800 Ponce De Leon Blvd. Suite 1
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY I. SHAPIRO, President & CEO

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90108 031 ***150.00



DO NOT WRITE IN THIS SPACE

1/29/00 (305) 242-1333
Date Daytime Phone #