

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60524

1. Entity Name

M. H. S. S. ENTERPRISES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90037 014 ***150.00

Principal Place of Business

Mailing Address

115 NE 5TH ST
HALLANDALE FL 33009
US

115 NE 5TH ST
HALLANDALE FL 33009-4220
US

2. Principal Place of Business

2755 S.W. 32nd Ave.

3. Mailing Address

2755 S.W. 32nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Park, FL

City & State

Pembroke Park, FL

4. FEI Number

65-0017915

Applied For

Not Applicable

Zip

33023

Country

US

Zip

33023

Country

U.S.

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

SCHIFFRES, HARVEY
428 NORTH LUNA CT.
HOLLYWOOD FL 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHIFFRES, HARVEY	
STREET ADDRESS	428 N. LUNA CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHIFFRES, MIMMI	
STREET ADDRESS	428 N. LUNA CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHIFFRES CARY	
STREET ADDRESS	2508 CARDAMON AVE.	
CITY-ST-ZIP	COOPER CITY FL	
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		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cary R. Schiffres VP.

Date

Daytime Phone #

CR2E034 (9/99)