

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20534

1. Entity Name

MS-HHA II, INC.

Principal Place of Business

4300 ALTON ROAD
MIAMI BEACH FL 33140

Mailing Address

4300 ALTON ROAD
MIAMI BEACH FL 33140

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

59-2805300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIEDLAND, PRISCILLA R
4300 ALTON RD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME TURKEL, BROOKS
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BCH FL 33140 ☒ Delete

TITLE PD
NAME WELKER, CHARLENE
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE TD
NAME SMITH, MARTHA
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STEVEN D. SONENREICH
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change ☒ Addition

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

TITLE SD
NAME AMY PERRY
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change ☒ Addition

TITLE TD
NAME ALEX MENDEZ
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change ☒ Addition

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex Mendez, SR VP CFO

4/1/02

305-674-2059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)