

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90960 039 ***155.00

DOCUMENT # P00000039531

1. Entity Name
M H SUPPLIES EXPORT, INC.



Principal Place of Business
15992 SW 78 STREET
MIAMI FL 33193

Mailing Address
15992 SW 78 STREET
MIAMI FL 33193



2. Principal Place of Business
6283 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number
11-3664354

Applied For
Not Applicable

Zip
33155

Country
USA

Zip
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

DOMINGUEZ, NELSON J
15992 SW 78 STREET
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name
DOMINGUEZ, NELSON J
Street Address (P.O. Box Number is Not Acceptable)

6283 CORAL WAY
City **MIAMI** **FL** **Zip Code** **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PD
DOMINGUEZ, NELSON J
15992 SW 78 STREET
MIAMI FL 33193

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

PD
DOMINGUEZ, NELSON J.
6283 CORAL WAY
MIAMI, FL 33155

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03 (305) 5105956

Date Daytime Phone #

CR2E034 (10/02)