

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101973

1. Entity Name  
**S & H MULTISERVICES & COMMUNICATION CENTER INC.**

Principal Place of Business

Mailing Address

3660 N. STATE RD. 7  
LAUDERDALE LAKES FL 33319

3660 N. STATE RD. 7  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3. Mailing Address

3660 N State Rd 7

3660 N State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderdale Lakes, FL

Lauderdale Lakes, FL

Zip

Country

Zip

Country

33319 U.S.A.

33319 U.S.A.

4. FEI Number

Applied For

65-0948288

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

SALOMON, HERMITE J

10701 NW 28TH PL  
SUNRISE FL 33322

Name **Smith Salomon**

Street Address (P.O. Box Number is Not Acceptable)

10701 NW 28th PL

City

Sunrise

FL

Zip Code

33322

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 **SMITH SALOMON**

DATE **8/31/01**

(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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Smith Salomon, P/T**  
**10701 NW 28th PL**  
**Sunrise, FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: **SMITH SALOMON**

DATE **8/31/01** (954) 712-0025

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

0282760

CR2E034 (10/00)

Attachment  
#P00000101973  
B0063112



S & H MULTISERVICES

S & H MULTISERVICES, INC.  
3660 N STATE RD 7  
LAUDERDALE LAKES, FL 33319

954-717-0025

August 1st 2001

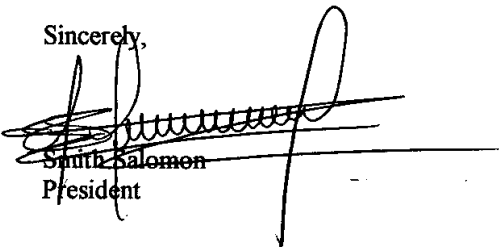
FLORIDA DIVISION OF CORPORATIONS,

I thank so much for sending me this form and I take the opportunity to let you know that I never received this kind of form in my office. The form is completed and I include \$ 158.75 to cover the renewal fees and I want to have the Article of Corporations.

If you have any questions, I can be reached at 954-717-0025.

Thank you.

Sincerely,

  
Smith Salomon  
President