

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90009 004 \*\*\*158.75

**DOCUMENT # P01000043920**

1. Entity Name

B.H. BETTER HEALTH ENTERPRISES, INC.

Principal Place of Business

4433 NORTH BAY ROAD  
 MIAMI BEACH FL 33140

Mailing Address

4433 NORTH BAY ROAD  
 MIAMI BEACH FL 33140



2. Principal Place of Business

4433 N. BAY RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH, FL.

4433 N. BAY RD.

City & State

City & State

MIAMI BEACH, FL.

Zip 33140

Country DADE

Zip 33140

Country DADE

4. FEI Number

65-1102790

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MORTON MAYBERG

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

4433 N. BAY RD.

MIAMI BEACH, FL.

City

FL

Zip Code

33140

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

*Morton Mayberg*

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

7/17/02

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00**  
**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 PD ☐ Delete

NAME MAYBERG, MORTON  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ Delete

NAME MAYBERG, JUDITH  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD ☐ Delete

NAME MAYBERG, MEHACHEM  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ Delete

NAME MAYBERG, JOSEPH  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ Delete

NAME FRIEDFERTIG, MIRIAM  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ Delete

NAME FISTEL, AVIVA  
 STREET ADDRESS 4433 NORTH BAY ROAD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Change ☒ Addition

NAME MAYBERG, SHALOM  
 STREET ADDRESS 4433 N. BAY RD.  
 CITY-ST-ZIP MIAMI BEACH, FL 33140

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

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (4/02)

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:

*Morton Mayberg* MORTON MAYBERG 7/17/02 305-534-8635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

676047

PO/000890

Morton Mayberg

7/18/02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL.

DEAR SIR,

WE REQUEST THE LATE FEE BE WAIVED.

B.H. BETTER HEALTH ENT. INC. DID NOT  
RECEIVE ANY PRIOR NOTICE.

ENCLOSED CHECK FOR \$150.- FILING  
FEE; AND \$8.75.- FOR CERTIFICATE OF  
STATUS.

THANK YOU,

B. H. BETTER HEALTH  
ENTERPRISES, INC.

Morton Mayberg PRES.