

FILED  
May 29, 2003 8:00 am  
Secretary of State

5/1/20

05-01-2003 90368 032 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000061331
1. Entity Name	
M F H 2001 INC.	

35044382

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
<del>77 Dominick St</del>		1008 S 22ND CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
<del>Dania Beach, FL</del>		HOLLYWOOD FL	
Zip	Country	Zip	Country
<del>33134</del>		33020	

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1115829		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DIXON ALEXANDRE  
Street Address (P.O. Box Number is Not Acceptable)

2800 W OAKLAND PK BLVD SUITE 107  
City FT. LAUDERDALE FL Zip Code 33311

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) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MICHEL HAYNS
STREET ADDRESS	
CITY-ST-ZIP	MICHEL HAYNS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE PRES  
NAME  
STREET ADDRESS 1008 S 22ND CT  
CITY-ST-ZIP HOLLYWOOD FL 33020

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-579-4427  
04-27-03 954-924-0362