

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90073 009 ***150.00

DOCUMENT # P02000022106

1. Entity Name
MS-HHA II, INC.



Principal Place of Business
**4300 ALTON RD
MIAMI BEACH FL 33140**

Mailing Address
**4300 ALTON RD
MIAMI BEACH FL 33140**



2. Principal Place of Business
1666 Kennedy Causway

3. Mailing Address
1666 Kennedy Causway

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

City & State
N. Bay Village, FL

City & State
N. Bay Village, FL

Zip Country
33141 USA

Zip Country
33141 USA

4. FEI Number
02-1812796

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRIEDLAND, PRISCILLA
4300 ALTON RD
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name
The Law Offices of Craig M. Dorne, PA
Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road PHSE
City **Miami Beach** **FL** Zip **33139**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/03**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		President Manuel Taracido 1666 Kennedy Causeway #302 N. Bay Village, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		VP Irving Karten 1666 Kennedy Causeway #302 N. Bay Village, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		S Alan Dorne 1666 Kennedy Causway #302 N. Bay Village, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		T Lou Cicerone 1666 Kennedy Causway #302 N. Bay Village, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **MANUEL TARACIDO** **1/17/2003** **(305) 9937900**

CR2E034 (10/02)