

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90625 011 ***150.00

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DOCUMENT # P02000122678

1. Entity Name
M.B.H.E. INVESTMENTS, INC.



Principal Place of Business
**7428 LAURELS PLACE
PORT ST. LUCIE FL 34986**

Mailing Address
**7428 LAURELS PLACE
PORT ST. LUCIE FL 34986**

2. Principal Place of Business
2180 W. OAKLAND PARK BLVD

3. Mailing Address
SMITH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OAKLAND PARK FL

City & State

4. FEI Number
16-1640105

Applied For
Not Applicable

Zip
33311

Country
ARIZONA

Zip Country

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

**WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RISACK, BARRY**
STREET ADDRESS **7428 LAURELS PLACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **DVP** ☐ Delete
NAME **DINNERMAN, HELEN**
STREET ADDRESS **7428 LAURELS PLACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **DS** ☐ Delete
NAME **RISACK, EILEEN**
STREET ADDRESS **7428 LAURELS PLACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **DT** ☐ Delete
NAME **DINNERMAN, MARVIN**
STREET ADDRESS **7428 LAURELS PLACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 **HELEN DINNERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003

Date

1-772-370-5590

Daytime Phone #

CP2E034 (10/02)