

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028159

1. Entity Name

MARTIN H, INC.

Principal Place of Business

7301-A WEST PALMETTO PK RD #305C
BOCA RATON FL 33433

Mailing Address

4500 ROCKSIDE RD. #440
INDEPENDENCE OH 44131-2180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 300
7100 W. CAMINO REAL

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33433

Country

PALM BEACH

Zip

Country

4. FEI Number

65-0410326

Applied For

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

GOTTSEGEN, STANLEY D
2255 GLADES RD.
SUITE 411-E
BOCA RATON FL 33431

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.

SIGNATURE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ELRAD, MARTIN H	
STREET ADDRESS	6937 LAKES ESTATES COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HERCHEK, JAMES R	
STREET ADDRESS	1320 HANNA BLDG C/O LIPSON INC	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

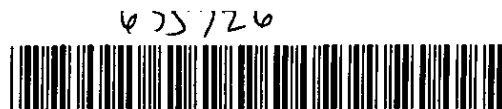
James R. Hercsek 3/15/00

Date

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)