

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90025 020 ***150.00

DOCUMENT # P93000041408

1. Entity Name.

ENGLISH & HELLER, INC.

Principal Place of Business

Mailing Address

**307 SE 14TH ST
 FT LAUDERDALE FL 33316**

**307 SE 14TH ST
 FT LAUDERDALE FL 33316-1929**

AUUBbb8U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

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

**FILINGS, INC.
 3732 NW-16TH ST
 FT LAUDERDALE FL 33311**

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	HELLER, GARY	
STREET ADDRESS	401 ST. ROMAN	
CITY-ST-ZIP	NEW HAVEN CT 06511	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, ROBERT	
STREET ADDRESS	193 MANSFIELD ST	
CITY-ST-ZIP	SHARON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPERO, SUSAN	
STREET ADDRESS	401 ST. ROMAN	
CITY-ST-ZIP	NEW HAVEN CT 06511	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, DIANE	
STREET ADDRESS	193 MANSFIELD ST	
CITY-ST-ZIP	SHARON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/99)

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

4/28/00

Date

617-254-1247

Daytime Phone #