

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028990

1. Entity Name

MFH GROUP INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90048 039 ***150.00

01: 383

Principal Place of Business

4872 SW 72 AVE.
MIAMI FL 33155
US

Mailing Address

4872 SW 72 AVE.
MIAMI FL 33155
US

642062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4856 SW 72 AVE

3. Mailing Address

4856 SW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0486453

Applied For

Not Applicable

Zip

33155

Country

US

Zip

33155

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRER, FRANK
4872 SW 72 AVE.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

FRANK FERRER

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

4856 SW 72 AVE

City

MIAMI

FL

Zip Code

33155

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]

4/12/01

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, 2001 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

TITLE ☐ Delete
NAME P
STREET ADDRESS FERRER, FRANK
CITY-ST-ZIP 2421 S.W. 24 ST.
MIAMI FL 33145

TITLE ☐ Delete
NAME V
STREET ADDRESS LAMEY, DANIEL W
CITY-ST-ZIP 13005 SW 109 PLACE
MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

305-667-4705

Daytime Phone #

CR2E034 (10/00)