

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075089

1. Entity Name

VH & M, INC.

Principal Place of Business

838 NE 40TH COURT
OAKLAND PARK FL 33334
US

Mailing Address

4846 N. UNIVERSITY DR.
345
LAUDERHILL FL 33351-4510
US

2. Principal Place of Business

10279 N.W. 53RD ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

Country

33351

USA

Zip

Country

4. FEI Number

65-0690078

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

STOLL, STEVEN M
1117 PONCE DELEON DRIVE
FT LAUDERDALE FL 33316

Name

STEVEN M. Stoll

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

ONE E Broward BLVD, Suite 905

City

Fort Lauderdale

FL

Zip Code

33301-1071

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]

3/17/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
VAKNIN, HELENE
8621 N.W. 52ND COURT
LAUDERHILL FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
VAKNIN HELENE
10279 N.W. 53RD STREET
SUNRISE FL 33351

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

[Signature]

MAR 13/00

Date

954-578-8880

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90046 028 ***150.00

C0042423



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)