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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103399 (7)

1. Corporation Name

HELLO MY NAME IS MONICA HALPERT, INC.



Principal Place of Business

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

Mailing Address

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811-4240

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 420-426 JEFFERSON AVE.

2a. Mailing Address

25 420-426 JEFFERSON AVE.

Suite, Apt. #, etc.

22 3rd floor - % CISNEROS

Suite, Apt. #, etc.

27 3rd floor - % CISNEROS

City & State

23 MIAMI BEACH, FLA

City & State

28 MIAMI BEACH, FLA.

Zip

24 33139

Country

25 USA

Zip

29 33139

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name CHARLES HOPPE

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

201 HOLIDAY ROAD #1B

83

84

City DESTIN

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME HALPERT, MONICA
STREET ADDRESS 64 CROSS CREEK ROAD, UNIT B1
CITY-ST-ZIP DESTIN FL 32541

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES-D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME D HOPPE, CHARLES
2.3 STREET ADDRESS 201 HOLIDAY RD.
2.4 CITY-ST-ZIP DESTIN, FLA. 32541 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E034 (9/96)