

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90011 012 \*\*\*550.00

DOCUMENT # P96000103399

1. Corporation Name

HELLO MY NAME IS MONICA HALPERT, INC.

Principal Place of Business

4201 COLLINS AVE  
SUITE 1503  
MIAMI BEACH FL 33140

Mailing Address

4201 COLLINS AVE  
SUITE 1503  
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

65-0722145

Applied For

☒ Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5255 COLLINS AVE

26 5255 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 5D

27 SUITE 5D

23 City & State MIAMI BEACH, FLA.

28 City & State MIAMI BEACH, FL.

Zip Country

Zip Country

24 33140 25 USA

29 33140 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, M.  
C/O CISNEROS TELEVISION GROUP  
404 WASHINGTON AVE  
MIAMI BEACH FL 33139

81 Name

COHEN, M.

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

5255 COLLINS AVE. 5D

83

84 City

MIAMI BEACH, FL

85 Zip Code

33140

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HALPERT, MONICA  
STREET ADDRESS 4201 COLLINS AVE., SUITE 1503  
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition  
HALPERT, MONICA  
5255 COLLINS AVE, 5D  
MIAMI BCH, FL 33140

TITLE SD ☐ DELETE

NAME COHEN, M.  
STREET ADDRESS 4201 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☐ Addition  
~~COHEN, M.~~  
5255 COLLINS AVE. 5D  
MIAMI BEACH, FL 33140

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)