

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103399

1. Entity Name

HELLO MY NAME IS MONICA HALPERT, INC.

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

09-08-2000 90006 035 ***550.00

Principal Place of Business

Mailing Address

~~5255 COLLINS AVE~~

~~5255 COLLINS AVE~~

~~STE 50~~

~~STE 50~~

~~MIAMI BEACH FL 33140~~

~~MIAMI BEACH FL 33140~~

US

US

2. Principal Place of Business

3. Mailing Address

2525 SHELTER AVE

2525 SHELTER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 1

STE. 1

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33140

33140

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0722145

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

COHEN, M.

Name COHEN, M.

~~5255 COLLINS AVE 50~~

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

~~MIAMI BEACH FL 33140~~

2525 SHELTER AVE

MIAMI

MIAMI

FL

Zip Code

33140

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME HALPERT, MONICA
STREET ADDRESS ~~5255 COLLINS AVE 50~~
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2525 SHELTER AVE.
CITY-ST-ZIP MIAMI, FLA. 33140

TITLE D
NAME COHEN, M.
STREET ADDRESS ~~5255 COLLINS AVE 50~~
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2525 SHELTER AVE.
CITY-ST-ZIP MIAMI, FLA. 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE
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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:

M. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00

Date

Daytime Phone #

CR2E034 (5/00)