FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90152 002 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103399

1. Entity Name

HELLO MY NAME IS MONICA HALPERT, INC. 117649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2525 SHELTER AVE.	2525 SHELTER AVE.	
Suite, Apt. #, etc. STE. 1	Suite, Apt. #, etc. STE. 1	
City & State MIAMI BEACH FLA	City & State MIAMI BEACH FLA	4. FEI Number 65-0722145 ☐ Applied For ☐ Not Applicable
Zip 33140 Country USA	Zip 33140 Country USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AMY CAPPELLAZZO

Street Address (P.O. Box Number is Not Acceptable): 2525 SHELTER AVE. STE. 1

City: MIAMI BEACH. 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: Amy Cappellazzo — AMY CAPPELLAZZO (NOTE: Registered Agent signature required when reinstating) — DATE: 6/1/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P-D
NAME	MONICA HALPERT
STREET ADDRESS	2525 SHELTER AVE.
CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	D-S
NAME	MICH. COHEN
STREET ADDRESS	30 E. 92 ST
CITY-ST-ZIP	NY NY 10028
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 6/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #