2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072753

1. Entity Name

M.H.W. GENERAL CONTRACTORS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 91004 001 ***300.00

Principal Place of Business	Mailing Address
3640 N.W. 16TH STREET LAUDERHILL FL 33311	3640 NW 16th STREET LAUDERHILL,FL 33311

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0784533 ☐ 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
Gunster,Yoakley,Valdes-Fauli & Stewart,P.A. 2 South Biscayne Blvd Suite 3400 Miami,Fl. 33131-1897	Name: Garson,K. Street Address (P.O. Box Number is Not Acceptable): 3640 NW 16th Street City: Lauderhill FL Zip Code: 33311

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 Garson,K [signature] Garson,K. 4/6/00
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
TITLE: DP NAME: MEYERS, HERBERT D STREET ADDRESS: 3640 N.W. 16TH STREET CITY-ST-ZIP: LAUDERHILL FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DS NAME: GARSON, K STREET ADDRESS: 3640 N.W. 16TH STREET CITY-ST-ZIP: LAUDERHILL FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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] Pres H.D. MEYERS 4/6/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #