

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/

FILED

May 09, 2000 8:00 am
Secretary of State

04-04-2000 90038 005 ***150.00

DOCUMENT # P97000076509

1. Entity Name

H & H WHOLESALE SERVICES, INC.

Principal Place of Business

~~8000 WILES RD
STE 1
CORAL SPRINGS FL 33067~~

Mailing Address

~~8000 WILES RD
STE 1
CORAL SPRINGS FL 33067-2072~~

2. Principal Place of Business

104 PARK

3. Mailing Address

104 PARK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TROY MI

City & State

TROY MI

Zip

48083

Country

USA

Zip

48083

Country

USA

4. FEI Number

65-0780383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICH, HOWARD
1300 E HILLSBORO BLVD, SUITE 102
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **HOWARD GOLDMAN**
Street Address **1300 E HILLSBORO BLVD, SUITE 103**
DEERFIELD BEACH, FL 33441
City _____

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 \$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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICH, HOWARD	
STREET ADDRESS	5009 NW 97TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33070	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDMAN, HOWARD	
STREET ADDRESS	32323 LAKE CIRCLE	
CITY-ST-ZIP	BEVERLY HILL MI 48025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HOWARD GOLDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

Date

Daytime Phone #

CR2F034 (9/99)