

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90015 028 ***150.00

DOCUMENT # P97000109030

1. Entity Name

HELENE G. HARSHMAN ENTERPRISES, INC.

Principal Place of Business

**300 PALM CIR E
 PEMBROKE PINES FL 33025
 US**

Mailing Address

**300 PALM CIR E
 PEMBROKE PINES FL 33025
 US**

2. Principal Place of Business

**4835 Hollywood Blvd
 Suite 3**

3. Mailing Address

1030 SW 85 Ave

City & State

**Hollywood FL
 Zip 33021 Country USA**

City & State

**Pembroke Pines FL
 Zip 33025 Country USA**

4. FEI Number

65-0803518

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

**WASSERMAN, JEFFREY P
 4000 HOLLYWOOD BLVD
 SUITE 640 N
 HOLLYWOOD FL 33021**

Name

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

City

FL

Zip Code

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, 2001 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 IN 11

TITLE **D** ☐ Delete
 NAME **HARSHMAN, HELENE G**
 STREET ADDRESS **300 PALM CIR E**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☒ Change ☐ Addition
 NAME **1030 SW 85 Ave**
 STREET ADDRESS **Pembroke Pines**
 CITY-ST-ZIP **FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELENE G HARSHMAN

Date

01/25/01

Daytime Phone #

(954) 966-5335

CR2E034 (10/00)