

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000109030**

1. Entity Name

HELENE G. HARSHMAN ENTERPRISES, INC.



FILED

**Jul 31, 2003 8:00 am
Secretary of State**

07-31-2003 90072 016 ***150.00

0027888 AV

Principal Place of Business 4835 HOLLYWOOD BLVD STE 3 HOLLYWOOD FL 33021 US	Mailing Address 1030 SW 85 AVE PEMBROKE PINES FL 33025 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSHMAN, HELENE G		NAME	
STREET ADDRESS	1030 SW 85 AVE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		CITY-ST-ZIP	

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

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

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

12. 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 10 or Block 11 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

July 31 2003 (954) 966-5333
Date Daytime Phone #

CR2E034 (4/03)

Attachment#
86135034
P97000109030

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302

July 29 2003

To whom it my concern,

I was just advised by my accountant who was reviewing my documents that it did not seem that I had paid my corporation fee for the year and thus was being subjected to the late fee...

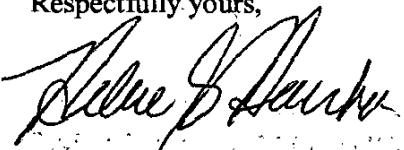
I am the owner of a very small business, being the only employee and in the past 8 years, had filled on the dot, in time.

I told my accountant that I really did not recall receiving a first notice like all the previous years or I would have paid right away, in January like I always did.

I am sending you a check for 150.00 today and am awaiting your decision concerning the additional fine which I would have to pay. The additional money is a very big deal for me and I would appreciate some clemency for this lapse of my part.

Thank you in advance for your understanding and your leniency,

Respectfully yours,



Helene G Harshman,

Owner

Mathar Health & Wellness

4835 Hollywood Blvd # 3

Hollywood FL 33021

(954) 966-5335