

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

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

07-31-2003 90072 016 ***150.00

0027888 AV

DOCUMENT # P97000109030

1. Entity Name

HELENE G. HARSHMAN ENTERPRISES, INC.



Principal Place of Business

**4835 HOLLYWOOD BLVD
STE 3
HOLLYWOOD FL 33021
US**

Mailing Address

**1030 SW 85 AVE
PEMBROKE PINES FL 33025
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARSHMAN, HELENE G**
STREET ADDRESS **1030 SW 85 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Hele G. Harshman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 29 2003 (954) 966-5335

CP2E034 (4/03)

Attachment #
86135034
P97000109030

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

July 29 2003

To whom it may 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...

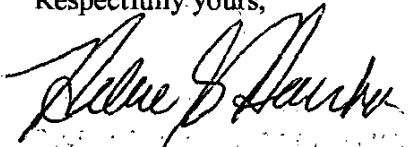
I am the owner of a very small business, being the only employee and in the past 8 years, had filled on the dot, in time.

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

RECEIVED
JUL 30 2003
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32302