

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063297

1. Entity Name

M.D. HERMAN ESTATE, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90187 008 ***150.00

Principal Place of Business

Mailing Address

901 SE 14TH CT
APT #3
FORT LAUDERDALE FL 33316

901 SE 14TH CT
APT #3
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

661 SE 14TH CT.

661 SE 14TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #3

APT #3

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33316

USA

33316

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PYE, THOMAS G
2787 E OAKLAND PK BLVD
FORT LAUDERDALE FL 33306

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)

yes ☒

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 PD
NAME HERMAN, MYLES D
STREET ADDRESS 901 SE 14TH CT. #3
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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:

Myles D Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-01 (954) 462-6779

CR2E034 (10/00)