

DOCUMENT # P99000063988

1. Entity Name

FHF MANAGEMENT & COMMERCIAL SERVICES CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

02-08-2000 90165 039 ***150.00

Principal Place of Business

Mailing Address

2900 UNIVERSITY DRIVE
 SUITE 37
 CORAL SPRINGS FL 33065

2900 UNIVERSITY DRIVE
 SUITE 37
 CORAL SPRINGS FL 33065-5083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2900 UNIVERSITY DRIVE

2900 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 33

SUITE 33

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33065

BROWARD

33065

BROWARD

4. FEI Number 65-0942081

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

MERLO, ANDREW
 2101 CORPORATE BLVD.
 SUITE 325
 BOCA RATON FL 33431

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, 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 ☐ Delete
 NAME SAWCZUK, JAROSLAW
 STREET ADDRESS 2900 UNIVERSITY DRIVE SUITE 37
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete
 NAME PIKALI, ANDOR
 STREET ADDRESS 2900 UNIVERSITY DRIVE SUITE 37
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.03.00

Date

(954) 227-7959

Daytime Phone #