

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075725

1. Entity Name

MSFHG, INC.

R

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-15-2000 90307 015 ***150.00

Principal Place of Business

Mailing Address

9100 SOUTH DADELAND BLVD., SUITE 1707
MIAMI FL 33156

9100 SOUTH DADELAND BLVD., SUITE 1707
MIAMI FL 33156-7817

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

APPLIED FOR 42400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, JAMES C
9100 SOUTH DADELAND BLVD., SUITE 1707
MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, DARLENE M
9100 SOUTH DADELAND BLVD., SUITE 1707
MIAMI FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

04-28-00

Date

305 670-0928

Daytime Phone #

Darlene

February 1998)

62100 105913

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

E1N

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
MSFHG, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
9100 S. Dadeland Boulevard, Suite 1707

4b City, state, and ZIP code
Miami, FL 33156

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade Co., FL

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions.) Darlene Kelley
#281-70-6142

Type of entity (Check only one box.) (see instructions.)

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) S corp.

☐ Trust

☐ Federal government/military (enter GEN if applicable)

If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida

Foreign country

Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) internet web sites

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type)

☐ Banking purpose (specify purpose)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Other (specify)

10 Date business started or acquired (month, day, year) (see instructions)
08/24/99

11 Closing month of accounting year (see instructions.)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) n/a

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions.) 0

14 Principal activity (see instructions.) internet web sites

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Other (specify)

17a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name

Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and State where filed Previous EIN

Business telephone number (include area code)
305-670-0828

Fax telephone number (include area code)
305-670-5077

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) Darlene Kelley, President

Signature [Signature]

Date 01/28/2000

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying

Form SS-4 (Rev. 12-99)

Form SS-4 (Rev. 2)

JSA
949012 1,000

COPY