

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084065

1. Entity Name

H&M ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90202 011 ***150.00

Principal Place of Business

Mailing Address

1608 COLUMBIA ARMS CIR., #128
KISSIMMEE FL 34741

1608 COLUMBIA ARMS CIR., #128
KISSIMMEE FL 34741-2841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32801

USA

4. FEI Number

59-3598074

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

MONDELL, RICHARD
1608 COLUMBIA ARMS CIR., #128
KISSIMMEE FL 34741

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

Richard Mondell

4-15-00

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	PD	<input type="checkbox"/> Delete
NAME	HUANG, HSU-YIAO	
STREET ADDRESS	124 PINERIDGE LANE	
CITY-ST-ZIP	GOLDSBORO NC 27534	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUANG, SIU-ER	
STREET ADDRESS	124 PINERIDGE LANE	
CITY-ST-ZIP	GOLDSBORO NC 27534	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONDELL, RICHARD	
STREET ADDRESS	1608 COLUMBIA ARMS CIR., #128	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONDELL, SAN-CHI LYNN	
STREET ADDRESS	1608 COLUMBIA ARMS CIR., #128	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Richard Mondell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

407-423-8379

Daytime Phone #

CR2E034 (9/99)