

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93647 042 ***150.00

DOCUMENT # P98000044630
 1. Entity Name
HALPERN & ASSOCIATES MORTGAGE CORPORATION, INC.

Principal Place of Business Mailing Address
333 ARTHUR GEOFFREY ROAD #410 **333 ARTHUR GEOFFREY ROAD #410**
MIAMI FL 33140 **MIAMI FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0840130** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~SCOTT, MARCUS A
 300, BISSAYNE BLVD WAY #111
 MIAMI FL 33133~~

7. Name and Address of New Registered Agent
 Name **MARC A. HALPERN, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
150 W. FLAGLER ST, SUITE 2701
 City **MIAMI** FL Zip Code **33130**

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 **MARC A. HALPERN** DATE **2/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	SDVT	<input type="checkbox"/> Delete
NAME	HALPERN, MARC	
STREET ADDRESS	333 ARTHUR GEOFFREY ROAD #410	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALPERN, MARC	
STREET ADDRESS	333 ARTHUR GEOFFREY ROAD #410	
CITY-ST-ZIP	MIAMI FL 33140	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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 REQUIRED** Date **4/1/02** Daytime Phone # **305-535-2230**

CR2E034 (9/01)