

2000 UNIFORM BUSINESS REPORT (UBR)

57

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90043 014 ***150.00

DOCUMENT # P99000098231

1. Entity Name
HERSH MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

1275 BENNETT DRIVE STE 200
 LONGWOOD FL 32750

1275 BENNETT DRIVE STE 200
 LONGWOOD FL 32750-7631

2. Principal Place of Business

3. Mailing Address

254 C.R. 427 So.,
 Ste. 222

254 C.R. 427 South
 Ste. 222

State, Apt. #, etc.

State, Apt. #, etc.

City & State
 Longwood FL

City & State
 Longwood FL

Zip
 32750

Country
 Seminole

Zip
 32750

Country
 Seminole

4. FEI Number

59-3621301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRA, NISIM
 1275 BENNETT DRIVE STE 200
 LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

1. OFFICERS AND DIRECTORS

LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
		Nissan N. Miora Pres.	1275 Bennett Dr., Ste. 200 Longwood, FL 32750	<input type="checkbox"/>
		Itzhak Hershkovich V. Pres./Sec./Treas./Director	1275 Bennett Dr., Ste. 200 Longwood, FL 32750	<input type="checkbox"/>
		Larry C. Pohmann V. Pres.	254 C.R. 427 So., Ste. 222 Longwood, FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Nissan Miora*

6/19/00 (407) 834-6078

CR2E034 (9/99)