

2000 **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K54695**

1. Entity Name

MORTGAGE WHOLESALERS OF FLORIDA, INC.**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90073 001 ***150.00

05-11-2000 90073 002 *****8.75

Principal Place of Business

Mailing Address

1394 N. UNIVERSITY DR
PLANTATION FL 33321
US1394 N. UNIVERSITY DR
PLANTATION FL 33322-4734
US

14039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

1850 N. UNIVERSITY DR

Suite, Apt. #, etc.

City & State

PLANTATION, FL.

Zip

33322

Country

US

City & State

PLANTATION, FL.

Zip

33322

Country

US

4. FEI Number

65-0089551

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYMOWITZ, MARTIN
1394 N. UNIVERSITY DR.
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name HYMOWITZ, MARTIN

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

1850 N. UNIVERSITY DR.

City

PLANTATION

FL

Zip Code

33322

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	P HYMOWITZ, MARTIN	1394 N. UNIVERSITY DR	PLANTATION FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HYMOWITZ, MARTIN	1850 N. UNIVERSITY DR.	PLANTATION, FL. 33322
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

5-2-00

954-474-3100