

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001764

1. Entity Name

H & M FINANCIAL SERVICES, LLC

Principal Place of Business

6175 NW 153RD STREET
SUITE 230
MIAMI LAKES FL 33014

Mailing Address

6175 NW 153RD STREET
SUITE 230
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Timothy J. Heil
Street Address (P.O. Box Number is Not Acceptable) 6175 NW 153rd Street
Suite 230
City Miami FL 33014

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003802090--5
-03/06/01--01059--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Timothy J. Heil	
STREET ADDRESS	c/o 6175 NW 153 St, Ste 230	
CITY-ST-ZIP	Miami, FL 33014	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Louis Mendez Jr.	
STREET ADDRESS	c/o 6175 NW 153 St, Ste 230	
CITY-ST-ZIP	Miami, FL 33014	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Madelyn Mendez	
STREET ADDRESS	c/o 6175 NW 153 St, Ste 230	
CITY-ST-ZIP	Miami, FL 33014	
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		

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/19/2001 305-231-8224

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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