

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57205

1. Entity Name

H & H FINANCIAL, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90012 049 ***150.00

Principal Place of Business

Mailing Address

C/O JEFFREY S. TANEN
2 S BISCAYNE BLVD/1 BISCAYNE TOWER #3250
MIAMI FL 33131

C/O JEFFREY S. TANEN
2 S BISCAYNE BLVD/1 BISCAYNE TOWER #3250
MIAMI FL 33131-1803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mailing Address

JEROME J. COHEN

JEROME J. COHEN

Suite, Apt. #, etc. SUITE 206
1125 NE 125 ST.

Suite, Apt. #, etc. SUITE 206
1125 NE 125 ST.

City & State
N. MIAMI, FL

City & State
N. MIAMI, FL

Zip 33161 Country USA

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4. FEI Number 59-1526735

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

TANEN, JEFFREY S.
2 S BISCAYNE BLVD.
1 S. BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

Name JEROME J. COHEN
Street Address (P.O. Box Number is Not Acceptable)
1125 NE 125 ST SUITE 206
City N. MIAMI FL Zip Code 33161

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.

JEROME J. COHEN
SIGNATURE

4/6/00
DATE

Signature must be 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, 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 D
NAME HIRSCH, HERBERT B.
STREET ADDRESS 230 E. FLAMINGO, STE 421
CITY-ST-ZIP LAS VEGAS NV ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Herbert B Hirsch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-895-6500