

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90091 007 \*\*\*150.00

0255565 AV

**DOCUMENT # M57205**

1. Entity Name

**H & H FINANCIAL, INC.**

Principal Place of Business

**C/O JEROME J COHEN  
 1125 NE 125 ST STE 206  
 N MIAMI FL 33161  
 US**

Mailing Address

**C/O JEROME J COHEN  
 1125 NE 125 ST STE 206  
 N MIAMI FL 33161  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1526735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, JEROME J  
 1125 NE 125 ST  
 STE 206  
 N MIAMI FL 33161**

Name

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

City

**FL**

Zip Code

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 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 NAME ☐ Delete  
**D HIRSCH, HERBERT B.**  
 STREET ADDRESS **230 E. FLAMINGO, STE 421**  
 CITY-STATE-ZIP **LAS VEGAS NV**

TITLE NAME ☒ Change ☐ Addition  
**HIRSCH, HERBERT**  
 STREET ADDRESS **64 HURDLE FENCE DR**  
 CITY-STATE-ZIP **AVON, CT 06001**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-STATE-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-STATE-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 HIRSCH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/12/02**

Daytime Phone #

**860-675-4273**

CR2E034 (9/01)