

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90192 048 \*\*\*150.00

**DOCUMENT # P01000050866**

1. Entity Name  
**MORTGAGE MANAGEMENT, INC.**



Principal Place of Business  
**1400 S OCEAN DRIVE #1501  
HOLLYWOOD FL 33019**

Mailing Address  
**1400 S OCEAN DRIVE #1501  
HOLLYWOOD FL 33019**

**11015153**



2. Principal Place of Business  
**2450 Hollywood Blvd  
Suite 500**

3. Mailing Address  
**2450 Hollywood Blvd.  
Suite 500**

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

Zip Country  
**33020 USA**

Zip Country  
**33020 USA**

4. FEI Number **65-1005701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SCHWARTZ, MICHAEL  
2514 HOLLYWOOD BLVD STE 508  
HOLLYWOOD FL 33020**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Larry Sack**

**4/22/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GOEHRRIG, LAWRENCE E</b>
STREET ADDRESS	<b>1400 S OCEAN DRIVE #1501</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MENNELLA, VINCENT A</b>
STREET ADDRESS	<b>1400 S OCEAN DRIVE #1501</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2450 Hollywood Blvd. Suite 500</b>
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Larry Sack**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

Date

**954 922 7550**

Daytime Phone #

CR2E034 (10/02)