

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080270

1. Entity Name

HELP MORTGAGE & INVESTMENTS, INC.

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

05-13-2000 90040 050 ***158.75

Principal Place of Business

1394 N. UNIVERSITY DRIVE
2ND FLOOR
PLANTATION FL 33322

Mailing Address

1394 N. UNIVERSITY DRIVE
2ND FLOOR
PLANTATION FL 33322-4734

2. Principal Place of Business

1850 N. UNIVERSITY DR
Suite, Apt. #, etc.

3. Mailing Address

1850 N. UNIVERSITY DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL.
Zip 33322 Country US

City & State

PLANTATION, FL.
Zip 33322 Country US

4. FEI Number

65-0673429

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 DRIVE
2ND FLOOR
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

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

(NOTE: Registered Agent signature required when reinstating)

5-2-00

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, 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	HYMOWITZ, MARTIN	
STREET ADDRESS	2713 OAKBROOK DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NOVAK, ANDREW	
STREET ADDRESS	1394 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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	

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:

Martin Hymowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-00

Date

954-474-2202

Daytime Phone #