

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2000 90040 050 \*\*\*158.75

**DOCUMENT # P95000080270**  
 1. Entity Name  
**HELP MORTGAGE & INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
 1394 N. UNIVERSITY DRIVE      1394 N. UNIVERSITY DRIVE  
 2ND FLOOR      2ND FLOOR  
 PLANTATION FL 33322      PLANTATION FL 33322-4734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1850 N. UNIVERSITY DR**      **1850 N. UNIVERSITY DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PLANTATION, FL.**      **PLANTATION, FL.**

Zip      Country      Zip      Country  
**33322**      **US**      **33322**      **US**

4. FEI Number      Applied For  
**65-0673429**      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 Hyowitz*      *Martin Hyowitz*      DATE: **5-2-00**  
Signature, typed or 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	
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>HYMOWITZ, MARTIN</b>
STREET ADDRESS	<b>2713 OAKBROOK DR</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>NOVAK, ANDREW</b>
STREET ADDRESS	<b>1394 N. UNIVERSITY DRIVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</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	

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	
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 Hyowitz*      *Martin Hyowitz*      DATE: **5-2-00**      DAYTIME PHONE #: **954-474-2202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR