

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059510

1. Entity Name
HOME EQUITY LOANS PLUS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90328 005 ***150.00

Principal Place of Business

Mailing Address

**9805 SW 57TH ST
COOPER CITY FL 33328**

**9805 SW 57TH ST
COOPER CITY FL 33328**

2. Principal Place of Business

9805 SW 57 Street

Suite, Apt. #, etc.

3. Mailing Address

9805 SW 57 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cooper City, FL

City & State

Cooper City, FL

4. FEI Number

65-0766714

Applied For

Not Applicable

Zip

Country

33328

USA

Zip

Country

33328

USA

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

BERKOWITZ, SHERI

9805 SW 57TH ST

COOPER CITY FL 33328

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, 2001 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 **P** ☐ Delete
NAME **BERKOWITZ, SHERI**
STREET ADDRESS **9805 SW 57TH ST.**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **VP** ☐ Change ☒ Addition
NAME **Paul Berkowitz**
STREET ADDRESS **9805 SW 57 Street**
CITY-ST-ZIP **Cooper City FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)