

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062523

1. Entity Name

MONEY FOUR MORTGAGES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90062 047 \*\*\*150.00

Principal Place of Business

Mailing Address

9382 AQUA VISTA BOULEVARD  
BOYNTON BEACH FL 33437

9382 AQUA VISTA BOULEVARD  
BOYNTON BEACH FL 33437-2849

2. Principal Place of Business

3. Mailing Address

640 EAST OCEAN AVE

640 EAST OCEAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 21

# 21

City & State

City & State

BOYNTON BEACH

BOYNTON BEACH

Zip

Zip

Country

Country

33435

USA

33435

USA

4. FEI Number

65-0933959

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

MELINDA L. SPIRO

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

640 EAST OCEAN AVE #21

City

BOYNTON BEACH FL

Zip Code

33435

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

Melinda L. Spiro, President

4-6-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SPIRO, MELINDA L	
STREET ADDRESS	9382 AQUA VISTA BOULEVARD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Melinda L. Spiro, PRESIDENT (4-6-00) 561-732-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)