Fill in this information to identify the case:

Debtor 1 HGE FIC I LLC

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number 25-80145

☑ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

Official Form 410

Proof of Claim

11/23

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.
Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**
   214 E Hallandale Beach LLC
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor See attached addendum

2. **Has this claim been acquired from someone else?**
   ☐ No
   ☒ Yes. From whom? See attached addendum

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

   Where should notices to the creditor be sent?
   214 E Hallandale Beach LLC
   c/o Winstead PC Attn: Annmarie Chiarello
   Name
   500 Winstead Building, 2728 N. Harwood Street
   Number Street
   Dallas TX 75201
   City State ZIP Code
   Contact phone (214) 745-5410
   Contact email achiarello@winstead.com

   Where should payments to the creditor be sent? (if different)
   214 E Hallandale Beach LLC
   Attn: Martin Saidon
   Name
   1395 Brickell Avenue, Suite 760
   Number Street
   Miami FL 33131
   City State ZIP Code
   Contact phone 305.692.0334
   Contact email martin@fortecnow.com

   Uniform claim identifier for electronic payments in chapter 13 (if you use one _____

   RECEIVED
   JUL 10 2025
   VERITA GLOBAL

4. **Does this claim amend one already filed?**
   ☒ No
   ☐ Yes. Claim number on court claims registry _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
   ☒ No
   ☐ Yes. Who made the earlier filing? _____



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