

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2002 8:00 am**  
**Secretary of State**

09-05-2002 90041 016 \*\*\*\*50.00

**DOCUMENT # L00000001279**

1. Entity Name

**FLORIDA MORTGAGE NETWORK, L.L.C.**

Principal Place of Business

Mailing Address

**700 W. HILLSBORO BLVD., SUITE 204  
 DEERFIELD BEACH FL 33441**

**700 W. HILLSBORO BLVD., SUITE 204  
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, SCOTT  
 700 W. HILLSBORO BLVD., SUITE 204  
 DEERFIELD BEACH FL 33441**

DEPARTMENT OF STATE  
 FOR DEPOSIT ONLY  
 ACCT. # 1009068786  
 SEP 05 2002

7. Name and Address of New Registered Agent

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, TAMMY</b>	
STREET ADDRESS	<b>1500 NW 62ND STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PORTE, BILL</b>	
STREET ADDRESS	<b>1500 NW 62ND STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/3/02 954/2002-0176  
 Date Daytime Phone #

CR2E083 (4/02)