

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085559

1. Entity Name

ESSEX-MORTGAGE HOLDING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90090 040 ***150.00

Principal Place of Business

Mailing Address

1900 COROMTE BLVD
STE. 100 WEST
BOCA RATON FL 33486
US

1900 COROMTE BLVD
STE. 100 WEST
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

1900 COROMTE BLVD

1900 COROMTE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRANET, SCOTT
1424 SW 14TH ST
BOCA RATON FL 33486

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, 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	P	<input type="checkbox"/> Delete
NAME	GRANET, AYN	
STREET ADDRESS	1424 SW 14TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANET, SCOTT	
STREET ADDRESS	1424 SW 14TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	GRANOT, LLOYD	
STREET ADDRESS	1424 SW 14TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED
SCOTT GRANET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

(561) 999-9600

Daytime Phone #