

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

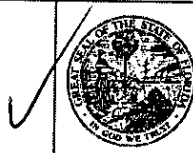
FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90303 048 ***150.00

DOCUMENT # J40086

1. Entity Name

SECURITYBANC MORTGAGE COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2732538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNEY, TIMOTHY H.

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

120 BUTLER STREET

City

WEST PALM BEACH

FL

Zip Code
33407

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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SERLO, LARRY	224 NE 32CT	OAKLAND PARK, FL 33304
P	BARRANCO, EDUARDO	1450 S. STATE ROAD 7	NORTH LAUDERDALE, FL 33068
D	FERNANDEZ, MANUEL	1450 S. STATE ROAD 7	NORTH LAUDERDALE, FL 33068
D	ALBERTINE, MICHAEL O.	2200 WEST COMMERCIAL BLVD SUITE 300	FORT LAUDERDALE, FL 33309
PD	BARRANCO, EDUARDO	1450 S. STATE ROAD 7	NORTH LAUDERDALE, FL 33068
VPC	DOMENECH, JOSE LUIS	1450 S. STATE ROAD 7	NORTH LAUDERDALE, FL 33068

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)