

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90158 014 \*\*\*\*70.00

0081563

**DOCUMENT # 727253**

1. Entity Name

**NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business

8201 GREENSBORO DR.  
 SUITE 300  
 MCLEAN VA 22102  
 US

Mailing Address

8201 GREENSBORO DR.  
 SUITE 300  
 MCLEAN VA 22102  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1673989

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

404339



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FENDLY, NEILL</b>	
STREET ADDRESS	<b>3550 N. CENTRAL, #1205</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85012</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>FALK, JOSEPH L</b>	
STREET ADDRESS	<b>1700 MICANOPY AVE.</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COSENZA, ARMAND W JR</b>	
STREET ADDRESS	<b>28451 CURTIS WRIGHT PARKWAY, #106</b>	
CITY-ST-ZIP	<b>RICHMOND HEIGHTS OH 44143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOSE, ANN C</b>	
STREET ADDRESS	<b>20501 VENTURA BLVD., #280</b>	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91364</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DESMOND, DOROTHY</b>	
STREET ADDRESS	<b>4606 OLD GRAND</b>	
CITY-ST-ZIP	<b>GURNEE IL 60031</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARMBRUSTER, BOB</b>	
STREET ADDRESS	<b>2402 MT. VERNON ROAD, SUITE 100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

(703) 610-1262

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT DOC # 727253



National Association of Mortgage Brokers

2001/2002 BOARD OF DIRECTORS

404339

**PRESIDENT**

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