

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000004115

1. Entity Name  
UNITED NORTHERN MORTGAGE BANKERS LIMITED,  
INC.



FILED

08 MAR 17 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3017 HEMPSTEAD TURNPIKE 3017 HEMPSTEAD TURNPIKE  
LEVITTOWN, NY 11756 LEVITTOWN, NY 11756



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
11-2590182

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

FLORIDA COMPLIANCE SPECIALISTS INC.  
2331 HANSON PLACE  
TALLAHASSEE, FL 32301

Name  
Florida Compliance Specialists Inc  
Street Address (P.O. Box Number is Not Acceptable)  
1030 Spring Villas Point, Ste 1000  
City Winter Springs FL Zip Code 32008

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

22808

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PRES  
STREET ADDRESS GIORGIO, DON  
CITY-ST-ZIP 45 OCEAN AVENUE  
MASSAPEQUA, NY 11758 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 800121256988  
CITY-ST-ZIP 03/25/08--01057--026 \*\*70.00 ☐ Change ☐ Addition

TITLE  
NAME AVP  
STREET ADDRESS MARTINO, PERRY  
CITY-ST-ZIP 1900 SUNSET HARBOUR DRIVE # 1709  
MIAMI BEACH, FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22808

Date

516-500-5250

Daytime Phone #