

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F27426**

1. Entity Name

**SOUND MORTGAGE CORPORATION****FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90210 024 \*\*\*158.75

Principal Place of Business

Mailing Address

6555 POWERLINE RD. #414  
FT. LAUDERDALE FL 33309  
US6555 POWERLINE RD  
414  
FT. LAUDERDALE FL 33069-3214  
US

2. Principal Place of Business

290 SW 12th Ave #4

3. Mailing Address

290 SW 12th Ave #4

Suite, Apt. #, etc.

Pompano Bch

Suite, Apt. #, etc.

#4

City &amp; State

FL

City &amp; State

Pompano Bch FL

Zip

33069

Country

Zip

33069

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

PERLOFF, JOHN W.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE FL 33316

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	BARRETT, SCOTT A.	6555 POWERLINE RD. #414	FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete			
DVP	SHANNON, PHILLIP W.	6555 POWERLINE RD. #414	FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete			
DST	NOVAK, KENNETH E.	6555 POWERLINE RD. #414	FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		290 SW 12th Ave #4	Pompano Bch FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		same as above		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		same as above		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Scott A. Barrett

1-12-2000

954 941-6477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #