

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90070 026 ***150.00

DOCUMENT # J40086

1. Entity Name

SECURITYBANC MORTGAGE COMPANY

Principal Place of Business

**7880 W OAKLAND PARK BLVD.
SUNRISE FL 33351
US**

Mailing Address

**1450 SOUTH STATE ROAD SEVEN
NORTH LAUDERDALE FL 33068**

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 **59-2732538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNEY, TIMOTHY H.
189 BRADLEY PLACE
PALM BEACH FL 33480**

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SERLO, LARRY	
STREET ADDRESS	224 NE 32 CT	
CITY-ST-ZIP	OAKLAND PRK FL 33304	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRANCO, EDUARDO	
STREET ADDRESS	1450 S. STATE ROAD SEVEN	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MANUAL	
STREET ADDRESS	1450 S. STATE ROAD 7	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERTINE, MICHAEL O	
STREET ADDRESS	2200 W COMMERCIAL BLVD STE 301	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRANCO, EDUARDO	
STREET ADDRESS	1450 S STATE RD 7	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	DOMENECH, LUIS J	
STREET ADDRESS	1450 S. STATE ROAD SEVEN	
CITY-ST-ZIP	NORTH LAUDERDALE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS DOMENECH VPC **2/22/02** **(954) 977-3158**

Date

Daytime Phone #

CR2E034 (9/01)