

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90177 010 ***150.00

DOCUMENT # K70965

1. Entity Name
FLICK MORTGAGE INVESTORS, INC.

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE
SUITE 1225
CORAL GABLES FL 33133
US

Mailing Address
2601 SOUTH BAYSHORE DRIVE
SUITE 1225
CORAL GABLES FL 33133
US

2. Principal Place of Business
9155 S. Dadeland Blvd.

3. Mailing Address
9155 S. Dadeland Blvd.

Suite, Apt. #, etc.
Penthouse I, Suite 1712

Suite, Apt. #, etc.
Penthouse I, Suite 1712

City & State
Miami, FL

City & State
Miami, FL

Zip
33156-2742

Country
USA

Zip
33156-2742

Country
USA

4. FEI Number **59-2936881**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLICK, JEFFREY B
2601 SOUTH BAYSHORE DRIVE
SUITE 1225
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
9155 S. Dadeland Blvd.
Penthouse I, Suite 1712
 City **Miami** FL Zip Code **33156-2742**

4) 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
FLICK, JEFFREY B ☐ Delete
2601 SOUTH BAYSHORE DRIVE, #1225
COCONUT GROVE FL 33133

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
FLICK, SANDRA ☐ Delete
2601 SOUTH BAYSHORE DRIVE, #1225
COCONUT GROVE FL 33133

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
9155 S. Dadeland Blvd., PH-I, Suite 1712
Miami, FL 33156-2742

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
9155 S. Dadeland Blvd., PH-I, Suite 1712
Miami, FL 33156-2742

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Jeffrey B. Flick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

04/24/2002 305-671-7777

Date Daytime Phone #

CR2E034 (9/01)