

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90162 043 \*\*\*\*50.00

**DOCUMENT # L00000004698**

1. Entity Name

**FIRST MUTUAL FINANCIAL, L.L.C.**

Principal Place of Business

**3649 SOUTH FEDERAL  
BOYNTON BEACH FL 33435**

Mailing Address

**3649 SOUTH FEDERAL  
BOYNTON BEACH FL 33435**

**B0049257**

2. Principal Place of Business

**3075 S. Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**3075 S. Federal Hwy**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

4. FEI Number

**65-1002100**

Applied For

Not Applicable

Zip

Country

**33483**

**US**

Zip

Country

**33483**

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S  
2101 WEST COMMERCIAL BLVD., SUITE 4100  
FORT LAUDERDALE FL 33309**

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRONER, BURT  
3649 SOUTH FEDERAL  
BOYNTON BEACH FL 33435** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**BURT KRONER**

**3/11/02**

Date

**272 2216**

Daytime Phone #

CR2E083 (9/01)