FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90943 050 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003285

1. Entity Name
ABRAHAM MORTGAGE, LLC

[redacted] 936101

Principal Place of Business	Mailing Address
12828 BIG SUR DRIVE TAMPA FL 33625	12828 BIG SUR DRIVE TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8840 North Himes Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33614	County Hillsborough	Zip	Country

4. FEI Number 59-3703553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUSINESS FILINGS INCORPORATED 1000 WEST AVE., SUITE 1114 MIAMI BEACH FL 33139	Name Jason Malouf Street Address (P.O. Box Number is Not Acceptable) 12828 Big Sur Drive City Tampa FL Zip Code 33625

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] 2-18-2
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jason Malouf 12828 Big Sur Drive Tampa, FL 33625	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

CR2E083 (9/01)

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] SIGNATURE REQUIRED 1-17-2 813-930-2783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #