

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90133 012 ****50.00

DOCUMENT # L01000003285

1. Entity Name
ABRAHAM MORTGAGE, LLC



Principal Place of Business

**8840 NORTH HIMES AVE
TAMPA FL 33614
US**

Mailing Address

**8840 NORTH HIMES AVE
TAMPA FL 33614
US**

20000180



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3703553**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name **MALOUF, JASON**

Street Address (P.O. Box Number is Not Acceptable)

10444 Green Links Drive

City **Tampa**

FL

Zip Code **33626**

**MALOUF, JASON
12828 BIG SUR DRIVE
TAMPA FL 33625**

- New Address

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **MALOUF, JASON**
STREET ADDRESS **12828 BIG SUR DRIVE**
CITY-ST-ZIP **TAMPA FL 33625** *→ New Address*

TITLE **President** ☒ Change ☐ Addition
NAME **JASON MALOUF**
STREET ADDRESS **10444 Green Links Drive**
CITY-ST-ZIP **Tampa, FL 33626** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

SIGNATURE REQUIRED

1-3-3 813-930-2783

CR2E083 (10/02)