

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90109 042 ****50.00

DOCUMENT # L01000016167

1. Entity Name

1ST USA MORTGAGE, LLC



Principal Place of Business

**261 S. STATE RD. #7
MARGATE FL 33068
US**

Mailing Address

**261 S. STATE RD. #7
MARGATE FL 33068
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 223592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

Zip

Country

Zip

Country

33022

USA

4. FEI Number

65-1128178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OHREN, NATHAN M
2117 NW 19TH WAY
BOCA RATON FL 33431**

Name

JOHN GREENE

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

261 S. STATE ROAD #7

City

MARGATE

FL

Zip Code

33068

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 **MGR** ☒ Delete
NAME **FAKIRI, WALLI A**
STREET ADDRESS **261 S. STATE RD. #7**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **MGR** ☐ Change ☒ Addition
NAME **PASTOR, THOMAS**
STREET ADDRESS **261 S. STATE ROAD #7**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

MANAGING member

1/8/03

(954)

922-0886

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

Date

Daytime Phone #

CR2E083 (10/02)