

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90052 030 ***150.00

DOCUMENT # L26102

1. Entity Name

SOURCE MORTGAGE, INC.

Principal Place of Business

**7236 JACARANDA LN
 MIAMI LAKES FL 33014
 US**

Mailing Address

**P O BOX 4338
 MIAMI FL 33014-0338
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-01564726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBNITZER, CHARLES N.
 7236 JACARANDA LN
 MIAMI LAKES FL 33014**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **LEIBNITZER, CHARLES N.**
 STREET ADDRESS **7236 JACARANDA LN**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE: *Charles Leibnitzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L26102**

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SOURCE MORTGAGE, INC.

750921

Principal Place of Business

**7236 JACARANDA LN
MIAMI LAKES FL 33014
US**

Mailing Address

**P O BOX 4338
MIAMI FL 33014-0338
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0156476**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBNITZER, CHARLES N.
7236 JACARANDA LN
MIAMI LAKES FL 33014**

Name

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

City

FL

Zip Code

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9. This corporation is eligible to satisfy its Intangible
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIBNITZER, CHARLES N. 7236 JACARANDA LN MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE

Chuck Leibnitzer

✓ 4/26/01

✓ (305) 556-6246

Attached



*L26102, 1
750921*

SOURCE MORTGAGE, INC.



P.O.Box 4338
Hialeah, FL 33014

All Your Financial Needs • Residential • Commercial • Land • Equity Loans

CHUCK LEIBNITZER
Licensed Mortgage Broker

E-Mail-leib@bellsouth.net

Fax (305) 824-3058
Office (305) 556-6066

March 13, 2002

Division Of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Florida 32302-1500

Ref:FEI NUMBER-CORRECTION

Dear Division Of Corporations:

Enclosed please find a copy of last year's 2001 Uniform Business Report. Please notice that the FEI NUMBER is correct on the form.

Upon receiving this year's 2002 Uniform Business Report, we find that the FEI NUMBER is incorrect. Please correct this error, on your records.

Please advise us of your findings.

Sincerely,
SOURCE MORTGAGE, INC.
Mr. Charles Leibnitzer-Broker

Charles Leibnitzer