

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90002 017 ***150.00

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DOCUMENT # L32101

1. Entity Name
AMERICORP FINANCIAL GROUP, INC.

Principal Place of Business
555 SW 12 AVE
100
POMPANO BCH FL 33069
US

Mailing Address
555 SW 12 AVE
100
POMPANO BCH FL 33069
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3100 NW Boca Raton Blvd
Suite, Apt. #, etc.
Suite 108
City & State
Boca Raton FL
Zip
33431-6651 Country
Palm Beach

3. Mailing Address
3100 NW Boca Raton Blvd
Suite, Apt. #, etc.
Suite 108
City & State
Boca Raton FL
Zip
33431-6651 Country
Palm Beach

4. FEI Number **65-0190827** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PATEK, ROBERT C.
555 SW 12TH AVENUE
SUITE 100
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name **Patek, Robert C.**
Street Address (P.O. Box Number is Not Acceptable)
3100 NW Boca Raton Blvd
Suite 108
City **Boca Raton** **FL** Zip Code **33431-6651**

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 *Robert C. Patek* **ROBERT C. PATEK, Pres** *1-9-02*
Signature, typed or printed name of registered agent and date 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PATEK, ROBERT C. 4217 SOUTH OCEAN BOULEVARD HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Robert C. Patek* **ROBERT C. PATEK, Pres** *1-9-02* *561-368-6616*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)