

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91139 047 ***158.75

DOCUMENT # L62888

1. Entity Name

FIRST PREFERRED MORTGAGE OF FLORIDA, INC.

Principal Place of Business

% JAMES LIETAERT
 2701 E. OAKLAND PARK BLVD., STE. D
 FT. LAUDERDALE FL 33306

Mailing Address

% JAMES LIETAERT
 2701 E. OAKLAND PARK BLVD., STE. D
 FT. LAUDERDALE FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0184307

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LIETAERT, JAMES

- 2701 E. OAKLAND PARK BLVD.

SUITE #D

FT. LAUDERDALE FL 33306

Name

ELIZABETH HOUVOURAS

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

**2701 E. OAKLAND PARK BLVD.
 SUITE D**

City

FT. LAUDERDALE

FL

Zip Code

33306

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

4/29/02

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 **DPS** ☒ Delete
 NAME **LIETAERT, JAMES**
 STREET ADDRESS **3090 NW 48TH STREET # 103**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE **DPS** ☐ Delete
 NAME **ELIZABETH HOUVOURAS**
 STREET ADDRESS **3080 NE 47 CT. #502**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (954) 695-4496

CR2E034 (9/01)