

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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0184307 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|--|--|--|---|--|--|
| 6. Name and Address of Current Registered Agent LIETAERT, JAMES - 2701 E. OAKLAND PARK BLVD. SUITE #D FT. LAUDERDALE FL 33306 | | | 7. Name and Address of New Registered Agent 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: DATE: **4/29/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------------|--|---|--|---|
| TITLE | DPS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIETAERT, JAMES | | NAME | | |
| STREET ADDRESS | 3090 NW 48TH STREET # 103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | | CITY-ST-ZIP | | |
| TITLE | DPS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIZABETH HOUVOURAS | | NAME | | |
| STREET ADDRESS | 3080 NE 47 CT. #502 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: DATE: **4/29/02** (954) 695-4496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)