2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90255 046 ****70.00

DOCUMENT # N22024

1. Entity Name

GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business	Mailing Address
1292 CEDAR CENTER DR TALLAHASSEE FL 32301	1292 CEDAR CENTER DR TALLAHASSEE FL 32301

☐ CHECK HERE IF MAKING CHANGES

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 65-0137875 ☐ 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
WORDELL-SMITH, KAREN 1292 CEDAR CENTER DR TALLAHASSEE FL 32301	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. 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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRUISE, PAM 6365 NW 6 WAY 150 FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IMMEDIATE PAST PRES D PAM CRUISE 7777 GLADES RD #100 BOCA RATON, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD IGLESIAS, ALICIA 777 ARTHUR BODFREY RD 61 MIAMI FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D ALICIA IGLESIAS 777 ARTHUR GODFREY RD. #310 MIAMI BEACH, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORDENANZ, KERLANI 3900 HOLLYWOOD BLVD #201 HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ELECT D SHEILA KINIRY 1001 S ANDREWS AVE #100 FT LAUDERDALE, FL 33312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OTIS, KELLY 10071 PINES BV PEMBROKE PINES FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D ANTHONY MASSO 2855 UNIVERSITY DR. #520 CORAL SPRINGS, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMICO, FLORENCE 279 JACARANDA DR PLANTATION FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D BOB KEATING 2911 E COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D PAUL BYER 2915 PALM AIRE DR N. POMPANO BEACH, FL 33069	ADDITION ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D RICHARD KEEN 1834 N. UNIVERSITY DR. PLANTATION, FL 33322	☐ Change ☑ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ALICIA IGLESIAS 4/21/03 305-532-1400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE TELEPHONE NUMBER