

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23878

1. Entity Name

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90127 017 ****61.25

Principal Place of Business

Mailing Address

17725 84TH COURT NORTH
LOXAHATCHEE FL 33470
US

17725 84TH COURT NORTH
LOXAHATCHEE FL 33470
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

65-0077338

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

ROGERS, KELLY
17725 84TH COURT NORTH
LOXAHATCHEE FL 33470

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPP
SOLOMON, ED
7100 W CAMINO REAL BLVD #403
BOCA RATON FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TOMAINS, SANDY
1440 W INDIAN TOWN ROAD
JUPITER FL 33458 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROGERS, KELLY
3716 VICTORIA DR.
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BYER, PAUL A
2915 PALM AIRE DR NO
POMPANO BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BYER, PAUL
2915 PALM AVE DR NORTH
POMPANO BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Daneel Schwartz
500 W Cypress Creek #190
Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Barbara Malik
1215 SW 26th Ave
Baynton Bch, FL 33426 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Beth Larson
1300 S.W. 26th Ave Pkwy #150
Sunrise, FL 33323 ☐ Change ☒ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)