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

DOCUMENT # N23878

1. Entity Name

Principal Place of Business

MORTGAGE BANKER INC.



Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90123 046 ****61.25

FILED

AS ASSOCIATION OF BROWARD COUNTY,	
Mailing Address	
17725 84TH COURT NORTH	

17725 84TH COURT NORTH LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 65-0077338 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, KELLY Street Address (P.O. Box Number is Not Acceptable) 17725 84TH COURT NORTH LOXAHATCHEE FL 33470 Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP . TITLE ☐ Delete TITLE 🔼 Change ☐ Addition struurtz. SCHUERTZ, DARRELL NAME NAME 500 Wg:YPRESS CREEK #190 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE MALIK, BARBARA Ysusdina NAME STREET ADDRESS 1215 SW 26TH AVE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP TITLE ☐ Delete TITLE 🔀 Change Addition NAME ROGERS, KELLY NAME STREET ADDRESS 3716 VICTORIA DR. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change Addition LARSON, BETH NAME NAME STREET ADDRESS 1300 SAWGRASS CORP PKEWY #150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE Delete TITLE ☐ Change Addition EUM FIZUERDA- MISNKSFF BYER, PAUL NAME NAME STREET ADDRESS 2915 PALM AVE DR NORTH STREET ADDRESS CITY-ST-7IP POMPANO BCH FL CITY-ST-ZIP 56W/PO20KB

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 of 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

COG 21P-1W

☐ Change

Addition

#N23878 80084705

Career Resource Center
Eve Figueroa-Mishkoff
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. EvaMishko@aol.com

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