

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90515 039 \*\*\*150.00

**DOCUMENT # P00000086873**

**1. Entity Name**  
**UNITED MORTGAGE LENDERS OF AMERICA, INC.**



**Principal Place of Business**  
**2724 E. COMMERCIAL BLVD**  
**FORT LAUDERDALE FL 33308**

**Mailing Address**  
**2200 NE 32 AVENUE**  
**FORT LAUDERDALE FL 33305**



**2. Principal Place of Business**

**3. Mailing Address**

**2724 E Commercial Blvd 2724 E. Commercial Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Ft Lauderdale FL**

**City & State**  
**Ft Lauderdale FL**

**4. FEI Number** **65-1043054**

**Applied For**  
**Not Applicable**

**Zip** **33308** **Country** **USA**

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**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**

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

**Name** **Richard T. Schmid**  
**Street Address (P.O. Box Number is Not Acceptable)** **2724 E Commercial Blvd**  
**City** **Ft Lauderdale** **FL** **Zip Code** **33308**

**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** *Phil Schmid* **DATE** **1/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SCHMID, RICHARD</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>2200 N.E. 32ND AVENUE</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33305</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	

**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 607, 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:** *Phil Schmid* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** **1/15/03** **DAYTIME PHONE #** **954 615 5626**

CR2E034 (10/02)