

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90121 010 \*\*\*150.00

**DOCUMENT # P00000098241**

Entity Name  
**ROYAL EMPIRE MORTGAGE CORP.**

Principal Place of Business  
**5930 E. GRAND DUKE CIRCLE**  
**TAMARAC FL 33321**

Mailing Address  
**5930 E. GRAND DUKE CIRCLE**  
**TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**481 W. OAKLAND PK Bldg**

Mailing Address

**7481 W. OAKLAND PK Bldg**

Suite, Apt. #, etc.

**# 205**

Suite, Apt. #, etc.

**# 205**

City & State  
**LAUDERHILL FL**

City & State

4. FEI Number  
**65-1047938**

Applied For  
 Not Applicable

Zip  
**33319**

Country  
**U.S.A**

Zip

Country

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**

**TREASURE, DERRICK**  
**5930 E. GRAND DUKE CIRCLE**  
**TAMARAC FL 33321**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (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. ☐ **\$5.00 May Be Added to Fees**

**1. OFFICERS AND DIRECTORS**

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

FILE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ELKORDY, NUTANMATEE J</b>	
CITY-ST-ZIP	<b>5930 E. GRAND DUKE CIRCLE</b>	
	<b>TAMARAC FL 33321</b>	
FILE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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: **DERRICK TREASURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02**

Date

**954-746-6270**

Daytime Phone #

CR2E034 (9/01)