

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90152 006 ***150.00

DOCUMENT # P00000100193

1. Entity Name
PROFESSIONAL MORTGAGE BROKERS, INC.



Principal Place of Business
**480 SW 118 AVE
FORT LAUDERDALE FL 33325**

Mailing Address
**480 SW 118 AVE
FORT LAUDERDALE FL 33325**

22000945



2. Principal Place of Business

**2031 SW 70 ave.
Suite, Apt. #, etc.
Office C**

3. Mailing Address

**2031 SW 70 ave.
Suite, Apt. #, etc.
Office C**

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVIE, Florida

City & State
DAVIE, Florida

4. FEI Number **65-1086832**

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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

**ELIAS, NADJAH
62 MATADOR LANE
DAVIE FL 33324**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **ELIAS, NADJAH**
STREET ADDRESS **480 SW 118 AVE**
CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE **DTS** ☒ Delete
NAME **GRIFFIN, GEORGE A**
STREET ADDRESS **480 SW 118 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

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

TITLE **P** ☐ Delete
NAME **ELIAS, ARNALDO**
STREET ADDRESS **480 SW 118 AVE**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **DTS** ☐ Change ☒ Addition
NAME **Arnaldo Eliás**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-03 9544258383

CR2E034 (10/02)