

Amended

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500013694825
03/07/03--01062--007 **61.25

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**

2. Principal Place of Business
2031 SW 70 ave.

3. Mailing Address
2031 SW 70 ave.

Suite, Apt. #, etc.
Office C

Suite, Apt. #, etc.
Office C

City & State
DAVIC, FL

City & State
DAVIC, FL

Zip
33317

Country
USA

Zip
33317

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1086832

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$160.00
After May 1, 2003 Fee will be \$660.00
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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, DTS** ☐ Change ☒ Addition
NAME **Nadjah Elias**
STREET ADDRESS **2031 SW 70 ave. Office C**
CITY-STATE-ZIP **DAVIC, FL 33317**

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

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

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Nadjah Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

475 8383

Date

Daytime Phone #

* please correct address as well.

gs 3/3

CR2E034 (10/02)