

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

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90028 032 ***150.00

DOCUMENT # P010000003744 ✓

1. Entity Name

CHEVY CHASE MORTGAGE INC
3180 S. OCEAN DRIVE # 1718
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3180 S. OCEAN DRIVE

Suite, Apt. #, etc.

1718

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

BROWARD

3. Mailing Address

3180 S. OCEAN DRIVE # 1718

Suite, Apt. #, etc.

1718

City & State

HALLANDALE FL

Zip

33009

Country

BROWARD

4. FEI Number

65-106 7516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0018419

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD S SHERMAN

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

3180 S. OCEAN DRIVE # 1718

City

HALLANDALE

FL

Zip Code

33009

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.

SIGNATURE

Richard S. Sherman - RICHARD S. SHERMAN

JAN 29, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RICHARD S. SHERMAN
3180 S. OCEAN DRIVE # 1718
HALLANDALE, FLORIDA 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S. Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 2002

Date

Daytime Phone #

CR2E034B (12/01)