

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

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90037 009 ***150.00

DOCUMENT # P01000014292 ✓

1. Entity Name
Mortgage Brokers of the Palm Beaches, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2910 JOG ROAD
Suite, Apt. #, etc.

3. Mailing Address
2910 JOG ROAD
Suite, Apt. #, etc.

City & State
Greenacres, FL
Zip
33463
Country
US

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Greenacres, FL
Zip
33463
Country
US

4. FEI Number
65-1078956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Jenkins, Stanley M.*

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

3711 37th WAY

City *West Palm Beach* FL Zip Code *33407*

6. 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 *Stanley M. Jenkins, President*
Signature, typed or printed name of registered agent and UBR, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-02
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 *P Jenkins, Stanley*
STREET ADDRESS
CITY-ST-ZIP *3711 37th WAY
West Palm Beach, FL 33407*

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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: *Stanley M. Jenkins, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02 561-686-2992

Date

Daytime Phone #