

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90281 035 ***150.00

0155614 AV

DOCUMENT # P01000038846

1. Entity Name
MY MORTGAGE BROKER INC



Principal Place of Business
**2514 HOLLYWOOD BLVD.
SUITE 401
HOLLYWOOD FL 33020
US**

Mailing Address
**PO BOX 245686
PEMBROKE PINES FL 33024**



2. Principal Place of Business

3. Mailing Address

2514 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 401

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33020

US

4. FEI Number **65-1093002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMIREZ, EDITH
921 NORTH 73RD AVENUE
HOLLYWOOD FL 33024**

Name

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

3620 Taylor Street

City

Hollywood

FL

Zip Code

33021

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 4, 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 **PVS** ☐ Delete
NAME **ROBERTS, JESSICA**
STREET ADDRESS **PO BOX 245686**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **PVS** ☒ Change ☐ Addition
NAME **Roberts, Jessica D.**
STREET ADDRESS **2514 Hollywood Blvd Suite #401**
CITY-ST-ZIP **Hollywood FL 33020**

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 **Treasurer** ☐ Change ☒ Addition
NAME **Roberts, Jessica**
STREET ADDRESS **2514 Hollywood Blvd Suite #401**
CITY-ST-ZIP **Hollywood FL 33020**

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 #

04-19-03 3053330335

CR2E034 (10/02)