.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000044888 **DOCUMENT #**

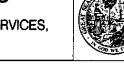
1. Entity Name



May 09, 2003 8:00 am Secretary of State 05-09-2003 90141 008 ***150.00

FILED

BRITISH AMERICAN	MORTGAGE	& FINA	ANCIAL.	SERVICES
INC.				



Principal Place of 7175 PEMBROKE PEMBROKE PINES	RD.	Mailing Address 7175 PEMBROKE PEMBROKE PINES		
2. Principal Place	e of Business	3. Mailing Addres	s	
Suite, Apt. #, e	etc.	Suite, Apt. #, et	C,	
City & State		City & State		4. FE
Zip	Country	Zip	Country	5. Ce
		7. Na		
CHITH DOD	Name			
SMITH, ROBE	Street Add	Street Address (P.O. Bo		

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Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & Stat	ee	City	& State		65-1102609		oplied For ot Applicable			
Zip	Country	Zip		Country		5. Certif	icate of Status Desired	□ \$	8.75 Add	ditional
	6. Name and Address of Curren	t Registere	d Agent			7. Name	and Address of New Regis	stered A	ent	
SMITH, R	OBERT R SR.			Name						
· ·	IBROKE RD.			Street .	Address (F	O. Box N	umber is Not Acceptable)			
	KE PINES FL 33023									
				City				FL	Zip Cod	
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered ager			egistered office (,	. I am fa	miliar with,	and accept
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				<u> </u>		Election Campaign Financ Trust Fund Contribution.	ing		0 May Be I to Fees
10.	OFFICERS ANI	DIRECTOR	RS	11.		ADDITIO	ONS/CHANGES TO OFFICER	RS AND D	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT R SR. 7631 EMBASSY BLVD. MIRAMAR FL 33023	₹,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS* CITY-SI-ZIP	D SMITH, ROBERT R JR. 7631 EMBASSY BLVD. MIRAMAR FL 33023		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	Change	Addition
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS				[Change	☐ Addition

12. I hereby certify that the information supplied with this filling closes 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 truetee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

%equired SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #