

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 041 ***150.00

DOCUMENT # P0100 00 64787

1. Entity Name

YORK & Goldman MORTGAGE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 W. COMMERCIAL BLVD.

3. Mailing Address

16720 HARBOR CT

Suite, Apt. #, etc.

SUITE # 3500

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

WESTON, FL

4. FEI Number

65-1114338

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSE ALBERTO SANCHEZ-BANARJ

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

16720 HARBOR CT

City

WESTON

FL

Zip Code

33326

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

Signature, typed or printed name of registered agent and rule 8 applicable

(NOTE: Registered Agent signature required when transferring)

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
JOSE ALBERTO SANCHEZ-BANARJ
STREET ADDRESS
16720 HARBOR CT
CITY-ST-ZIP
WESTON, FL, 33326

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002

954-6329682

CR2E034B (12/01)