2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90213 026 ***150.00

039561 AV

DOCUMENT # P01000076669

1. Entity Name
RELIANCE MORTGAGE BROKERAGE, INC.

Principal Place of Business	Mailing Address
2880 W. OAKLAND PK. BLVD FORT LAUDERDALE FL 33311	2880 W. OAKLAND PK. BLVD FORT LAUDERDALE FL 33311

2. Principal Place of Business	3. Mailing Address
2880 W. OAKLAND PARK BLVD	2880 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.: SUITE #125B	Suite, Apt. #, etc.: SUITE #125B
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1126441 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, MAURICE 2003 NE 7TH AVE FT LAUDERDALE FL 33305	Name: MAURICE EDWARDS Street Address (P.O. Box Number is Not Acceptable): 816 NE 20TH DRIVE City: FT. LAUDERDALE FL Zip Code: 33305

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 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MAURICE 2003 NE 7TH AVE FT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAURICE EDWARDS 816 NE 20TH DRIVE FT. LAUDERDALE FL 33305	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 4/23/03 954-730-7305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #