

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0309583  
AV

**DOCUMENT # P01000077607**

1. Entity Name

**FINANCIAL FREEDOM HOME BUYERS, INC.**

02-11-2002 90027 021 \*\*\*150.00

Principal Place of Business

**3241 S. PORT ROYALE DRIVE  
SUITE D  
FORT LAUDERDALE FL 33308**

Mailing Address

**3241 S. PORT ROYALE DRIVE  
SUITE D  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**2127 SE 9th ST.**

Suite, Apt. #, etc.

3. Mailing Address

**6218 N. FRANK HWY**

Suite, Apt. #, etc.

**# 324**



DO NOT WRITE IN THIS SPACE

City & State  
**POMPANO BEACH FL**

City & State  
**FT LAUDERDALE FL**

4. FEI Number

**65-1129425**

Applied For

Not Applicable

Zip

**33062**

Country

**BRUNING**

Zip

**33308**

Country

**BRUNING**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name  
**Michael Bokzam**  
Street Address (P.O. Box Number is Not Accepted)  
**2127 SE 9th STREET**  
**P**  
City  
**POMPANO BEACH FL** Zip Code  
**33062**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-24-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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  
**PD**  
NAME  
**BOKZAM, MICHAEL**  
STREET ADDRESS  
**3241 S. PORT ROYALE DRIVE**  
CITY-ST-ZIP  
**FORT LAUDERDALE FL 33308**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**2127 SE 9th STREET**  
NAME  
**POMPANO BEACH FL**  
STREET ADDRESS  
**33062**  
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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☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-24-02**  
**954-782-690**  
**cell 954-214-3593**

CR2E034 (9/01)