

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90088 017 ***150.00

DOCUMENT # P01000084932

1. Entity Name
CONCEPT MORTGAGE & FINANCIAL SERVICES, INC.

Principal Place of Business

12905 N.W. 23RD STREET
PEMBROKE PINES FL 33028

Mailing Address

12905 N.W. 23RD STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business

13749 NW 18 COURT
 Suite, Apt. #, etc.

3. Mailing Address

6565 RAFT STREET
 Suite, Apt. #, etc.
207

City & State

Pembroke Pines, FL

City & State

207

4. FEI Number

05-1134711

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

207

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
STE 220
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSD** ☐ Delete
NAME **HIBBERT, BRIDGETTE O**
STREET ADDRESS **12905 N.W. 23RD STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VTD** ☐ Delete
NAME **WILLIAMS, ALVIN**
STREET ADDRESS **12905 N.W. 23RD STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)