

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90015 033 ***550.00

DOCUMENT # P01000112683

1. Entity Name
FIRST AMERICAN REALTY & MORTGAGE CORP.

Principal Place of Business

**459 SOUTH GRANT ST.
 LONGWOOD FL 32750**

Mailing Address

**459 SOUTH GRANT ST.
 LONGWOOD FL 32750**

2. Principal Place of Business

459 SOUTH GRANT ST

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

LONGWOOD FL

City & State

SAME

4. FEI Number

59-3758174

Applied For

Not Applicable

Zip

32750

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired -

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEGRON, BILL
 459 SOUTH GRANT ST.
 LONGWOOD FL 32750**

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. 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

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

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**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME NEGRON, BILL
STREET ADDRESS 459 SOUTH GRANT ST.
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/2002 407-834-1600

Day

Daytime Phone #

CR2E034 (4/02)