

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90149 006 ***158.75

UBR-1001-01

DOCUMENT # **P02000077824**

1. Entity Name
UNIVERSAL MORTGAGE & FINANCIAL CONSULTANTS, INC.



Principal Place of Business
**5042 CALLE DEL SOL
ORLANDO FL 32819**

Mailing Address
**5042 CALLE DEL SOL
ORLANDO FL 32819**

00010000



2. Principal Place of Business

7041 GRAND NATIONAL DR

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

04-3703129

Applied For

Not Applicable

Zip

32819

Country

U.S.A

Zip

Country

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

**PATEL, NIRAJ V
5042 CALLE DEL SOL
ORLANDO FL 32819**

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 *Niraj V Patel* **NIRAJ V Patel** **RESIDENT** **JANUARY 6TH, 2003**

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	PTSD	<input type="checkbox"/> Delete
NAME	PATEL, NIRAJ V	
STREET ADDRESS	5042 CALLE DEL SOL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Niraj V Patel* **NIRAJ V Patel** **RESIDENT** **JANUARY 6TH, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)