

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 005 ***150.00

DOCUMENT # P02000106787
1. Entity Name B.B. Mortgage & Investment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1640 W. OAKLAND PARK BLVD. Suite, Apt. #, etc. SUITE NO.300 City & State Ft. Lauderdale, FL	3. Mailing Address 3146 NW 68 STREET Suite, Apt. #, etc. City & State FORT LAUDERDALE, FLORIDA
Zip 33311 Country USA	Zip 33309 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0486516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Beckner Beauchard
Street Address (P.O. Box Number is Not Acceptable) 12957 SW 26th Street
City FL Zip Code Miramar 33027

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  **Beckner Beauchard** **1/25/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Beauchard, Beckner 12957 SW 26th Street Miramar, Florida 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio Member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Beckner Beauchard, CEO** **1/25/2005** **(954)485-3577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #