

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 DEC -8 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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200025388633
12/10/03--01042--005 **550.00

| | | | |
|---|----------------|---|----------------|
| 2. Principal Place of Business 1640 W. Oakland Park Blvd., Ste. 300 Suite, Apt. #, etc. | | 3. Mailing Address 3670 Inverrary Drive Suite, Apt. #, etc. Unit B2X | |
| City & State Ft. Lauderdale, Florida | | City & State Lauderhill, Florida | |
| Zip 33311 | Country USA | Zip 33319 | Country USA |

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

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IN THIS SPACE**

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| 7. Name and Address of Current Registered Agent | |
| Name Beckner Beauchard | |
| Street Address (P.O. Box Number is Not Acceptable) 3670 Inverrary Drive | |
| Unit B2X | |
| City Lauderhill | Zip Code 33319 |

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|---|-----------|
| 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 <i>Beckner Beauchard</i> | 12/3/2003 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO/Director Mr. Beckner Beauchard 3670 Inverrary Drive, Unit B2X Lauderhill, Florida 33319 |
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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* 12/3/2003 (954)485-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #