

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90027 048 ***150.00

0112400

DOCUMENT # P93000048461

1. Entity Name

BNC ASSET RECOVERY & MANAGEMENT, INC.

Principal Place of Business

3123 COMMERCE BLVD.
 MIRAMAR FL 33025
 US

Mailing Address

9965 MIRAMAR PKY.
 SUITE 202
 MIRAMAR FL 33025
 US

817153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6861 SW 196 Street

3. Mailing Address

15751 Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 203

Ste 307

City & State

City & State

Ft Lauderdale, FL

DAVIE, FL

Zip

Zip

33332

33331

Country

Country

USA

USA

4. FEI Number

65-0429394

Applied For

Not Applicable

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

NISEWANGER, CYNTHIA
 9965 MIRAMAR PKY., STE. 202
 MIRAMAR FL 33025

Name

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

15751 Sheridan St

Ste 307

City

DAVIE

FL

Zip Code

33331

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHNER, A.	
STREET ADDRESS	9965 MIRAMAR PKY., STE. 202	
CITY-ST-ZIP	MIRAMAR FL 33825	
TITLE	S	<input type="checkbox"/> Delete
NAME	NISEWANGER, CYNTHIA	
STREET ADDRESS	9965 MIRAMAR PKWY STE 202	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

Cynthia Nisewanger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

954-252-8373

Daytime Phone #

CR2E034 (10/00)