

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000048461

FILED
Apr 10, 2002 8:00 AM
Secretary of State

Entity Name: BNC ASSET RECOVERY & MANAGEMENT, INC.

Current Principal Place of Business:

6861 SW 196 STREET
STE 203
FORT LAUDERDALE, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

15751 SHERIDAN ST
SUITE 307
DAVIE, FL 33331 US

New Mailing Address:

FEI Number: 65-0429394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NISEWANGER, CYNTHIA
15751 SHERIDAN ST
STE 307
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHNER, A.
Address: 9965 MIRAMAR PKY., STE. 202
City-St-Zip: MIRAMAR, FL 33825

Title: S () Delete
Name: NISEWANGER, CYNTHIA
Address: 9965 MIRAMAR PKWY STE 202
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MITCHNER, A.
Address: 15751 SHERIDAN ST., STE 307
City-St-Zip: DAVIE, FL 33331

Title: S (X) Change () Addition
Name: NISEWANGER, CYNTHIA
Address: 15751 SHERIDAN ST., STE 307
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A MITCHNER

D

04/10/2002

Electronic Signature of Signing Officer or Director

_____ Date