

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024197

1. Entity Name

FLORIDA NATIONAL MORTGAGE CORP.

Principal Place of Business

2240 W WOOLBRIGHT RD
323
BOYNTON BCH FL 33426
US

Mailing Address

2240 W WOOLBRIGHT RD
323
BOYNTON BCH FL 33409-6515
US

2. Principal Place of Business

4000 N FED HWY

3. Mailing Address

4000 N FED HWY

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

Zip

33431

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZMIRLIAN, CHARLES
6372 LA COSTA DR., SUITE 202
BOCA RATON FL 33433

Name

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

10528 MAPLE CHASE DR

City

BOCA RATON

FL

Zip Code

33498

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

4/28/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
IZMIRLIAN, CHARLES
10528 MAPLE CHASE DR
BOCA RATON FL 33498

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90045 035 ***150.00

102081



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0567956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)