

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 039 ***150.00

DOCUMENT # **495000090879** ✓
1. Entity Name **FLORIDIAN MORTGAGE CORPORATION**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700 N. 29 Ave Suite, Apt. #, etc. 203 City & State Hollywood FL Zip 33020 Country USA		3. Mailing Address 6550 N. Federal Hwy Suite, Apt. #, etc. 611 City & State FT LAUDERDALE FL Zip 33308 Country USA	
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4. FEL Number 650626982	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FARMER, GARY**
Street Address (P.O. Box Number is Not Acceptable)
6550 N. Federal Highway 511
City **FT. Lauderdale** FL Zip Code **33308**

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY, HARRY ST 5961 SW 37 Ave NALANDOLE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-CI FUENTES, AMARU, P 4741 W 31 St. Hollywood FL 33021
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **president** **4/22/02** **9549814006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)