

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058506

1. Entity Name

1ST SECURITY MORTGAGE BANC, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90063 023 ***150.00

Principal Place of Business
1111 KANE CONCOURSE, #502
BAY HARBOR ISLAND FL 33154

Mailing Address
1111 KANE CONCOURSE, #502
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

1111 Kane Concourse #

3. Mailing Address

1111 Kane Concourse #

Suite, Apt. #, etc.

502

Suite, Apt. #, etc.

502

City & State

Bay Harbor Island

City & State

Bay Harbor Island

Zip

FL

Country

Zip

33154

Country

4. FEI Number 65-0684829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, AINSLEY S
1111 KANE CONCOURSE, #502
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstalling.

DATE

03/28/01

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

TITLE PCEO
NAME SMITH, AINSLEY
STREET ADDRESS 20220 NW 3 AVE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

03/28/01 (305) 468-0886

Date

Daytime Phone #

0188619

CR2E034 (10/00)