

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90138 026 ***150.00

DOCUMENT # P96000063347

1. Entity Name

FINANCIAL FREEDOM THROUGH FORECLOSURES, INC.

Principal Place of Business

Mailing Address

**7100 NW 100 TERRACE
TAMARAC FL 33321**

**7100 NW 100 TERRACE
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

32 SW 5TH AVE

32 SW 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City, State

Delray Beach, FL

Delray Beach, FL

4. FEI Number

65-0715097

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Present Registered Agent

7. Name and Address of New Registered Agent

**BENT, DWAN
7100 NW 100 TERRACE
TAMARAC FL 33321**

Name

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

32 SW 5TH Avenue

Delray Beach

FL

33444

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

Sharon Higginbotham

X 4-17-02

(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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BENT, DWAN	
STREET ADDRESS	581 ANCHOR POINT	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, SHARON	
STREET ADDRESS	7100 NW 100 TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higginbotham - Restrepo, Sharon	
STREET ADDRESS	3800 Washington Rd #1202	
CITY-ST-ZIP	West Palm Beach, FL - 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Sharon Higginbotham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-17-02

Date

661-819-1900

Daytime Phone #

CR2E034 (9/01)