

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 035 ***150.00

DOCUMENT # P96000095432

1. Entity Name
ONE SOURCE MORTGAGE CORP.

Principal Place of Business
1001 W. CYPRESS CREEK RD., STE. 308
FORT LAUDERDALE FL 33309-1950
US

Mailing Address
PO BOX 5184
FT LAUDERDALE FL 33310-5184
US

2. Principal Place of Business

3. Mailing Address

1001 W. Cypress Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309-1950 USA

4. FEI Number

65-0712397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDAS, TOM
1001 W. CYPRESS CREEK RD., STE. 308
FORT LAUDERDALE FL 33309-1950

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
PSTD
PENDAS, TOM
1001 WEST CYPRESS CREEK ROAD, SUITE 308
FT. LAUDERDALE FL 33309-1950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

9/12/02 954-202-5099X

Attachment
872516

P96 0000095432

September 13, 2002

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

The purpose for this letter is to inform the Department of Corporations that One Source Mortgage Corp. never received the first notice to file the Uniform Business Report, possibly because it was send to a Post Office Box which we no longer use.

Thank you very much,



Tom Pendas, President

One Source Mortgage Corp.
954-202-5099 xt 329