

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097915

1. Entity Name  
FIRST REALTY MORTGAGE CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 2:54

Principal Place of Business  
10400 GRIFFIN ROAD, SUITE 108  
COOPER CITY FL 33328

Mailing Address  
10400 GRIFFIN ROAD, SUITE 108  
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
05/01/00 90246 001 300.00

4. FEI Number  
65-0716565

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

LUCAS, R.D.  
8189 SW 24TH STREET  
DAVIE FL 33328

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  DATE

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP  
R/S/D Registered Agent  
8189 SW 24th St  
Davie FL 33328  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

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)(f), 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 (5/00)

8/18

Doc# F97000010122

19692

8/10/00

Divisions of Corporations  
The Amendment Filing Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dept. of State,

With regards to the "Statement of Change of Registered Office and Registered Agent" for Reggie Realty & Investments, Inc and First Realty Mortgage which was filed on May 18, 2000. Both Corporations papers were sent together with all of the corrected information. I am resending these papers with the corrected information again, I hope this will help clear any oversight on the previous forms.

Sincerely,



R.D. Lucas