

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90176 001 \*\*\*150.00

**DOCUMENT # P97000072371**

1. Entity Name

**EC MORTGAGE CORPORATION**

Principal Place of Business

**7061 W COMMERCIAL BLVD  
 SUITE 5J  
 TAMARAC FL 33319  
 US**

Mailing Address

**7061 W COMMERCIAL BLVD  
 SUITE 5J  
 TAMARAC FL 33319  
 US**

2. Principal Place of Business

**7051 W Commercial Blvd**

3. Mailing Address

**7051 W Commercial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3-B**

**3-B**

City & State

**Tamarac, FL**

City & State

**Tamarac, FL**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0774840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BLASI & PIKE, P.A.  
 7900 GLADES ROAD, STE. 445  
 BOCA RATON FL 33434**

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 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBES, ELLIOT H</b>	
STREET ADDRESS	<b>8171 S.W. 5TH COURT</b>	
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL 33068</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CARIDAD, BARBES</b>	
STREET ADDRESS	<b>8171 SW 5TH CT</b>	
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL 33068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

**Barbes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-02**

**954-724-1188**

CR2E034 (9/01)