

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90105 049 ***150.00

0317148 AV

DOCUMENT # P97000102216

1. Entity Name

EXPRESS LIEN & TITLE CORP.

Principal Place of Business

**7000 SW 22ND CT. 127-D
 DAVIE FL 33317**

Mailing Address

**7000 SW 22ND CT. 127-D
 DAVIE FL 33317**



2. Principal Place of Business

835 N.W. 1st Street

Suite, Apt. #, etc.

3. Mailing Address

835 N.W. 1st Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL.

Zip

33311

Country

BROWARD

City & State

FORT LAUDERDALE FL.

Zip

33311

Country

BROWARD

4. FEI Number

65-0797300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHER, MORT

**7000 SW 22ND CT, 127-D
 DAVIE FL 33317**

7. Name and Address of New Registered Agent

Name

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

835 N.W. 1st Street

City

FORT LAUDERDALE FL

Zip Code

33311

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

Mort Sher

MORT SHER

4/3/02

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

TITLE	P E	<input type="checkbox"/> Delete
NAME	DIANA A KALLMANN	
STREET ADDRESS	7000 SW 22ND CT, 127-D	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	V	<input type="checkbox"/> Delete
NAME	CINDY SCHWARZBERG	
STREET ADDRESS	7000 SW 22ND CT, 127-D	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORT SHER	
STREET ADDRESS	835 NW 1st Street	
CITY-ST-ZIP	FORT LAUD. FL. 33311	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	835 NW 1st Street	
STREET ADDRESS	FORT LAUD. FL. 33311	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	835 NW 1st Street	
STREET ADDRESS	FORT LAUD. FL. 33311	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

Diana A. Kallmann

DIANE A. KALLMANN 4/03/02 954-779-7905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)