FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90437 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103606

1. Entity Name

NORTH BROWARD MORTGAGE & FIN. SER., INC.

Principal Place of Business	Mailing Address
6412 N. UNIVERSITY DR STE [illegible] TAMARAC FL 33321	6412 N. UNIVERSITY DR STE [illegible] TAMARAC FL 33321

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

4. FEI Number 65-0798464

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES MANSOUR
6412 N. UNIVERSITY DR
TAMARAC FL 33321

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, 2001 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

CR2E034 (11/00)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: D NAME: MANSOUR ANNE MARIE STREET ADDRESS: 6412 N. UNIVERSITY DR CITY-ST-ZIP: TAMARAC FL 33321	☐ Delete	TITLE: P NAME: MANSOUR ANTOINETTE STREET ADDRESS: 6412 N. UNIVERSITY DR CITY-ST-ZIP: TAMARAC FL 33321	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Anne M Mansour ANNE MARIE MANSOUR 04-28-02 954-575-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F 1