

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90076 022 ***150.00

DOCUMENT # P98000000581

1. Entity Name
MONARCH MORTGAGE, INC.

Principal Place of Business

**7270 NW 12TH ST
 PH 1
 MIAMI FL 33126**

Mailing Address

**8298 WEST EASTMAN PL
 LAKEWOOD CO 80027**

2. Principal Place of Business

9474 SW 77th place
 Suite, Apt. #, etc.

3. Mailing Address

9474 SW 77th Pl
 Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

Miami FL

4. FEI Number

65-0798402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HOLTZMAN KRINZMAN EQUELS & EURIA
 2601 S. BAYSHORE DRIVE, SUITE 600
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name
RICHARD N. KRINZMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive

19th Floor

City
Miami

FL

Zip Code
33133

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)

4/10/02
 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** ☐ Delete
 NAME **BRAZIER, CONNIE**
 STREET ADDRESS **8298 WEST EASTMAN PL**
 CITY-ST-ZIP **LAKEWOOD CO 80027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **BRAZIER, CONNIE**
 STREET ADDRESS **9474 S.W. 77th Place**
 CITY-ST-ZIP **Miami, FL 33156**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 (9/01)