

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-11-2002 90072 049 ***158.75

DOCUMENT # **D98000015010**

1. Entity Name

First Financial Mortgage Group, Inc.
6965 W. Commercial Blvd.
Tamarae, FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6965 W. Commercial Blvd.
Suite, Apt. #, etc.

3. Mailing Address

6965 W. Commercial Blvd.
Suite, Apt. #, etc.

City & State

Tamarae, FL

City & State

Tamarae FL

4. FEI Number

65-0811266

Applied For

Not Applicable

Zip

33319

Country

Broward

Zip

33319

Country

Broward

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Linzer

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

6167 NW 79 Way

City

Parkland

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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

(same Agent)
Robert Linzer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2-24-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director & owner
Robert Linzer
6167 NW 79 way
Parkland, FL 33067

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Robert Linzer

Date

2-24-02

Daytime Phone #

(954) 586-0327

CR2E034B (12/01)