

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093404

1. Entity Name

ABC MORTGAGE PROFESSIONALS, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90255 048 ***150.00

Principal Place of Business

6412 N UNIVERSITY DR
STE 103
TAMARAC FL 33321
US

Mailing Address

6412 N UNIVERSITY DR
STE 103
TAMARAC FL 33321
US

2. Principal Place of Business

7531 NW 64 STREET

Suite, Apt. #, etc.

3. Mailing Address

7531 NW 64 STREET

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number 65-0874135

Applied For

Not Applicable

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEN, RICHARD A
7451 N.W. 38TH CT.
LAUDERHILL FL 33319

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME KEEN, RICHARD A
STREET ADDRESS 7451 N.W. 38TH CT.
CITY-ST-ZIP LAUDERHILL FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME CHUNG, HEDELISA
STREET ADDRESS 6816 N.W. 26 STREET
CITY-ST-ZIP MARGATE FL 33063

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(954) 722-8300

Daytime Phone #

CR2E034 (10/00)