2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # P99000041771 Apr 22, 2000 8:00 am Secretary of State JSL MORTGAGE INC. 04-22-2000 90131 048 ***158.75 Principal Place of Business Mailing Address 7543 W OAKLAND PARK BLVD 7543 W OAKLAND PARK BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319-4909 3. Mailing Address 1868 N. UNIVERSITY DY NUESTYN DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-Name and Address of Current Registered Agen Name **ELKORDY. NUTANMATEE** Street Address (P.O. Box Number is Not Acceptable) 7543 W OAKLAND PARK BLVD LAUDERHILL FL 33319 Zip Code City FL ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state DATE ant and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE **ELKORDY, NUTANMATTE** NAME 5930 E GRAND DUKE CIR STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete TITLE RILEY, SHARON NAME NAME 9937 NW 47 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIF Addition ☐ Delete TITLE TITLE **NELSON, LARRY** NAME NAME 1923 PLAYERS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 epplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if