

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90075 049 ***150.00

DOCUMENT # P99000051861

1. Entity Name

BREWER & COMPANY MORTGAGE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2740 E. OAKLAND PARK BLVD.
 SUITE 202-C
 FT. LAUDERDALE FL 33306

2740 E. OAKLAND PARK BLVD.
 SUITE 202-C
 FT. LAUDERDALE FL 33306-1626

2. Principal Place of Business

3. Mailing Address

2740 E. Oakland Park Blvd.

2740 E. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Ft. Lauderdale

Ft. Lauderdale

Zip

Country

Zip

Country

33306

33306

4. FEI Number

65-0927175

Applied For

Not Applicable

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

LAMONS, MARK
 2740 E. OAKLAND PARK BLVD.
 SUITE 202-C
 FT. LAUDERDALE FL 33306

Name

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

Suite 101

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	LAMONS, MARK	
STREET ADDRESS	2740 E. OAKLAND PARK BLVD., SUITE 202-C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 101	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mark Lamons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Lamons

Date

Daytime Phone #

954 561-8277