

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42903

1. Entity Name

JEFFERSON FINANCIAL MORTGAGE CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90039 008 ***150.00

Principal Place of Business

1065 NE 125TH ST.
SUITE 221
NORTH MIAMI FL 33161
US

Mailing Address

1065 NE 125TH ST.
STE 102
NORTH MIAMI FL 33161-5831
US

2. Principal Place of Business

1820 NE 163rd Street

3. Mailing Address

1820 NE 163rd Street

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

N. Miami Beach

City & State

N. Miami Beach

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0250867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JEFFERSON
1065 NE 125TH ST.
SUITE 221
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Jeff Miller

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

1820 NE 163rd Street, Suite 203

City

N. Miami Beach

FL

Zip Code

33162

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, JEFFERSON	
STREET ADDRESS	1065 NE 125TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, DONNA	
STREET ADDRESS	1065 NE 125TH ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Miller	
STREET ADDRESS	1820 NE 163rd St, Suite 203	
CITY-ST-ZIP	N. Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Stevens	
STREET ADDRESS	1820 NE 163rd St, Ste 203, N. Miami Beach	
CITY-ST-ZIP	FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)