

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03/13/2003 AV

DOCUMENT # S53392

1. Entity Name
NATIONAL MORTGAGE & INSURANCE CORP.



03-13-2003 90090 028 ***150.00

Principal Place of Business
4501 N.W. 103 AVE.
101
SUNRISE FL 33334
US

Mailing Address
4501 N.W. 103 AVE.
101
SUNRISE FL 33334
US



2. Principal Place of Business
4123 Pine Island Rd
Suite, Apt. #, etc.

3. Mailing Address
4123 Pine Island Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FL
Zip
33351
Country
Broward

City & State
FT. LAUDERDALE, FL
Zip
33351
Country
Broward

4. FEI Number **65-0259680**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES FAIRMAN
4501 N.W. 103 AVE.
STE. 101
SUNRISE FL 33334

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FAIRMAN, CHARLES**
STREET ADDRESS **4501 N.W. 103 AVE. 101**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VD** ☐ Delete
NAME **FAIRMAN, DIANE**
STREET ADDRESS **4501 N.W. 103 AVE 101**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **FAIRMAN, CHARLES**
STREET ADDRESS **4123 Pine Island Rd**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33351**

TITLE **VD** ☒ Change ☐ Addition
NAME **FAIRMAN, DIANE**
STREET ADDRESS **4123 Pine Island Rd**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHARLES FAIRMAN Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 954-572-4141

Date

Daytime Phone #

CR2E034 (10/02)