

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60016

1. Entity Name

BROWARD MORTGAGE AND FINANCIAL SERVICES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90009 013 ***150.00

Principal Place of Business

1915 NE 45TH ST
SUITE 102
FORT LAUDERDALE FL 33308
US

Mailing Address

1915 NE 45TH ST.
SUITE 101
FT LAUDERDALE FL 33308-5100
US

628238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0278337

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANSOUR, MICHAEL

1915 NE 45 ST

STE 102

FT LAUDERDALE FL 33308

Name

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

6412 N. University Drive #128

Suite # 128

City

TAMARAC

FL

Zip Code

33321

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. ☐

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	DO	<input type="checkbox"/> Delete
NAME	MANSOUR, ANTONIETTE	
STREET ADDRESS	1915 NE 45 STREET #102	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	MANSOUR, ANN	
STREET ADDRESS	1915 NE 45 ST #101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6412 N. University Drive #128	
STREET ADDRESS	TAMARAC, FL 33321	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6412 N. University Drive #128	
STREET ADDRESS	TAMARAC FL 33321	
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		
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 #

3-15-00

84528-2270

CR2E034 (9/99)