

05-27-2002 90437 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60016

1. Entity Name

BROWARD MORTGAGE & FIN. SER., INC.

Principal Place of Business

Mailing Address

6412 N. UNIVERSITY DR 6412 N. UNIVERSITY DR
STE 142 STE 142
TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0278337

For
Applicable

5. Certificate of Status Desired ☐

\$8.75
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSOUR, MICHAEL
6412 N. UNIVERSITY DR
TAMARAC FL 33321

Name

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

City

FL

Zip

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, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Add

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MANSOUR, MICHAEL	
STREET ADDRESS	6412 N. UNIVERSITY DR ST. 142	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	Addition
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	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 by an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is 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

MICHAEL MANSOUR

04-28-02 954-575-0403

Date Daytime Phone