

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # K98639

1. Entity Name
SPECIALTY MORTGAGE CORPORATION

Principal Place of Business 1140 WEST 50TH STREET SUITE 307 C/O JACQUELINE CASTRO HIALEAH FL 33012 US	Mailing Address 1140 WEST 50TH STREET SUITE 307 C/O JACQUELINE CASTRO HIALEAH FL 33012 US
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2. Principal Place of Business 6151 MIRAMAR PARKWAY STE 214	3. Mailing Address 6151 MIRAMAR PARKWAY STE 214
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Suite, Apt. #, etc. C/O JACQUELINE CASTRO	Suite, Apt. #, etc. C/O JACQUELINE CASTRO
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City & State MIRAMAR FL	City & State MIRAMAR FL
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4. FEI Number 65-0133094	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33023	Country US	Zip 33023	Country US
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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

CASTRO JACQUELINE
 1140 WEST 50TH STREET
 SUITE 307
 HIALEAH FL 33012 US

Name CASTRO JACQUELINE
Street Address (P.O. Box Number is Not Acceptable) 6151 MIRAMAR PARKWAY
SUITE 214
City MIRAMAR FL Zip Code 33023

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 _____ **04/28/2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	PM CASTRO, JACQUELINE 1140 WEST 50TH STREET SUITE 307 HIALEAH FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM CASTRO, JACQUELINE 6151 MIRAMAR PARKWAY STE 214 MIRAMAR FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS CASTRO, ENRIQUE, JR. 1140 WEST 50TH STREET SUITE 307 HIALEAH FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS CASTRO, ENRIQUE, JR. 6151 MIRAMAR PARKWAY STE 214 MIRAMAR FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: ENRIQUE CASTRO

VP 04/28/2000