

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000001352

1. Entity Name
EQUITY MONEY MORTGAGE, L.L.C.

FILED

01 FEB 27 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2511 PONCE DE LEON BLVD., STE 205
CORAL GABLES FL 33134

Mailing Address
2511 PONCE DE LEON BLVD., STE 205
CORAL GABLES FL 33134

2. Principal Place of Business
1696 VICTORIA POINTE CIR.
Suite, Apt. #, etc.

3. Mailing Address
1696 VICTORIA POINTE CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON, FLORIDA

City & State
WESTON, FLORIDA

4. FEI Number
65-0854523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
VALENTIN, CARLOS ESQ.
2511 PONCE DE LEON BLVD., STE 205
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
CARLOS VALENTIN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1696 VICTORIA POINTE CIRCLE
City
WESTON FL Zip Code
33327-1301

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 CARLOS VALENTIN FEB. 22, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENTIN, CARLOS 2511 PONCE DE LEON BLVD., STE 205 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENTIN, CARLOS 1696 VICTORIA POINTE CIRCLE WESTON, FLORIDA 33327-1301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRODAD, BRENDA 2511 PONCE DE LEON BLVD., STE 205 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRODAD, BRENDA 1696 VICTORIA POINTE CIRCLE WESTON, FLORIDA 33327-1301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003802619-2 -03/06/01--01091--024 *****100.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FEB. 22, 2001 (95A) 217-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)