

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90077 050 ***150.00

DOCUMENT # P94000065633

1. Entity Name

J & L MORTGAGE CORPORATION

Principal Place of Business

10 NW 2ND ST
 SUITE 205
 MIAMI FL 33128

Mailing Address

10 N.W. 2ND STREET
 MIAMI FL 33128-1822

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0519881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORFINKEL, NESTOR B
 CONCOURSE PLAZA, STE 401
 1111 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORFINKEL, LEON	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SAPOZNIK, JOSE	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORFINKEL, JULIUS	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAPOZNIK, LAZARO	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPOZNIK, CLARA	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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

Nestor B Gorfinkel
Nestor B Gorfinkel
 President

7/20/00

Date

305.371.3309

Daytime Phone #

CR2E034 (9/99)