

200- UNIFORM BUSINESS REPORT (UBR)

PS 192

DOCUMENT # **PA5000005235**

1. Entity Name

AKA MORTGAGE PROCESSING, INC.

Principal Place of Business

Mailing Address

7220 NW 36th STREET #303A SAME
MIAMI, FLORIDA 33166

2. Principal Place of Business

7220 NW 36th STREET

3. Mailing Address

7220 NW 36th STREET

Suite, Apt. #, etc.
303A

Suite, Apt. #, etc.
303A

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip
33166

Country

MIAMI-DADE

Zip
33166

Country

MIAMI-DADE

4. FEI Number

65-0551066

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALINA HENRIQUEZ
7425 COLDSTREAM DRIVE
MIAMI, FLORIDA 33015

7. Name and Address of New Registered Agent

Name
N/A

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

Alina Henriquez
Signature, typed or printed name of registered agent and then applicable.

ALINA HENRIQUEZ, PRESIDENT

06/26/01

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ALINA HENRIQUEZ 7220 NW 36th ST., #303A MIAMI, FLORIDA 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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

Alina Henriquez

ALINA HENRIQUEZ, PRES. 06/26/01 (305)629-8401

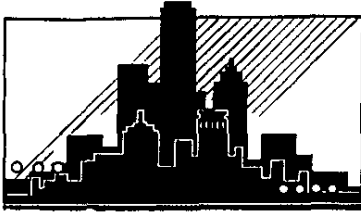
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
DH
Pg 292



A.K.A. MORTGAGE PROCESSING INC.
7220 NW 36TH ST., SUITE 303A, MIAMI, FL 33166
OFFICE (305) 629-8401 FACSIMILE (305) 261-9266

06/26/01

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Uniform Business Report

Enclosed please find our reinstatement form and a check in the amount of \$308775, we moved the office in July of last year and have never received any notices, as you will note my address as a registered agent was also incorrect. Kindly, please wave the late fees as this the first time that I had run into a problem filing our annual report.

Thank you in advance for your cooperation and understanding.

Sincerely,


Alina Henriquez
President