2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91591 004 ***150.00

DOCUMENT # P96000003536

1. Entity Name

SUNCOAST MORTGAGE BANKERS, INC.

Principal Place of Business	Mailing Address
1200 NW 78 AVE SUITE 212 MIAMI FL 33126 US	1200 NW 78 AVE SUITE 212 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5900 SW 73 St.	5900 SW 73 St.
Suite, Apt. #, etc. Ste 301	Suite, Apt. #, etc. Ste 301
City & State Miami, FL	City & State Miami, FL
Zip 33143 Country USA	Zip 33143 Country USA

4. FEI Number 65-0627399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDACCINI, DONALD R
1200 NW 78 AVE
SUITE 212
MIAMI FL 33126

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] Pres. 4/10/01

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 $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	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BALDACCINI, DONALD R	NAME	
STREET ADDRESS	1200 NW 78 AVE SUTIE 212	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	
TITLE	DVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AMARO-BALDACCINI, IVETTE	NAME	
STREET ADDRESS	1200 NW 78 AVE SUTIE 212	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] Donald Baldaccini 4/10/01 305 6639979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #