

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90033 004 \*\*\*150.00

**DOCUMENT # P97000005332**

1. Entity Name  
**FIRST OPTION MORTGAGE CORPORATION**

*f*

Principal Place of Business <b>4801 SOUTH UNIVERSITY DR          SUITE #3100          FT LAUDERDALE FL 33328          US</b>	Mailing Address <b>4801 SOUTH UNIVERSITY DR          SUITE #3100          FT LAUDERDALE FL 33328          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**JOHNSON, SANDRA**  
**18441 NORTHWEST 2ND AVE.**  
**#106**  
**MIAMI FL 33169**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <b>JOHNSON, SANDRA</b> <b>18441 NORTHWEST 2ND AVE.</b> <b>MIAMI FL 33169</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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
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
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

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 REQUIRED**

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

CP 13014 (5/00)

Attachment  
D#P9700005332  
0082349

**AUGUST 25, 2000**


**DIVISION OF CORPORATION**

**Dear Sir or Madam:**

**RE; DOCUMENT #P96000073768 ULTRA PRO REALTY & INVESTMENT  
& P97000005332 FIRST OPTION MORTGAGE CORP.**

***In regards to the above captioned, this is to advise that the renewal for both corporations were originally submitted 3/30/00 along with check #2399 in the amount of \$300.00. I was not aware that these were not processed until I received these new forms from your office. I have already checked with my bank and it has not been cashed, so a stop payment has been issued. Please expedite the process on the enclosed items.***

**Thank you,**



**Sandra Johnson  
President**

**PS> a copy of the check stub is enclosed.**

**t**

P6854 B1 62

BAL.  
BROT  
FOR'D

2399

DATE

3/30/00

TO

Department of State

DEPOSITS

FOR

TOTAL

THIS  
CHECK

300.00

OTHER

TAX  
DEDUCTIBLE

BALANCE

attachment  
DW 5332  
DW 82348