

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

0673686
FP

05-05-2003 91178 020 ***150.00

DOCUMENT # P97000023378

1. Entity Name
EQUITY EXPRESS MORTGAGE CORPORATION



Principal Place of Business
~~220-222 ANDALUSIA AVE.~~
CORAL GABLES FL 33134

Mailing Address
~~220-222 ANDALUSIA AVE.~~
CORAL GABLES FL 33134



2. Principal Place of Business
401 miracle mile

Suite, Apt. #, etc.
107

City & State
Coral Gables Fl.

Zip
33134

Country
DaDe

3. Mailing Address
401 miracle mile

Suite, Apt. #, etc.
107

City & State
Fl. coral Gables

Zip
33134

Country
DaDe

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0729202**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBATE, JAMES
~~220-222 ANDALUSIA AVE.~~
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ABBATE, JAMES	
STREET ADDRESS	220-222 ANDALUSIA AVE. 401 miracle mile	
CITY-ST-ZIP	CORAL GABLES FL 33134 coral Gables Fl. 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBATE, TARA	
STREET ADDRESS	220-222 ANDALUSIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/30/03** **305** **445-2259**

RESIGNATION REQUIRED

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)