

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90445 016 ***150.00

00059620

DO NOT WRITE IN THIS SPACE

DOCUMENT # P980000 11429
1. Entity Name
 RELIABLE FINANCE MORTGAGE INC

Principal Place of Business **Mailing Address**
 10980 BISCAYNE BLVD 10980 BISCAYNE BLVD
 MIAMI FL 33161 MIAMI FL 33161

2. Principal Place of Business **3. Mailing Address**
 10980 BISCAYNE BLVD 10980 BISCAYNE BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 MIAMI FLORIDA MIAMI FLORIDA
Zip **Country** **Zip** **Country**
 33161 USA 33161 USA

4. FEI Number **Applied For**
 65-0642566 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LARDIZABAL, MELODY
 30 NW 125 ST
 NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent
Name MELODY LARDIZABAL
Street Address (P.O. Box Number is Not Acceptable)
 30 NW 125 ST
~~10980 BISCAYNE BLVD~~
City NORTH MIAMI **FL** **Zip Code** 33168

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELODY LARDIZABAL 30 NW 125 ST NORTH MIAMI FLORIDA 33168 <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: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

For ⁰⁰⁰⁵⁴⁶⁸⁰ 2000

Attachment

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90273 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # P98000011429

1. Corporation Name
RELIABLE FINANCE MORTGAGE INC.

Principal Place of Business 14600 W. BONE HWY NORTH MIAMI FL 33161	Mailing Address 14600 W. BONE HWY NORTH MIAMI FL 33161
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/04/1998

21. Principal Place of Business 10980 Biscayne Blvd	26. Mailing Address 10980 Biscayne Blvd
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Miami FL	28. City & State Miami FL
24. Zip 33161	25. Country USA
29. Zip 33161	30. Country USA

4. FEI Number 65-0642566	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

LARDIZABAL MELODY
30 NW 125 ST
NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name MELODY LARDIZABAL
82 Street Address (P.O. Box Number is Not Acceptable) 30 NW 125 ST
83
84 City NORTH MIAMI
85 Zip Code FL 33168

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> DELETE
NAME MELODY B. LARDIZABAL	
STREET ADDRESS 30 NW 125 ST	
CITY-ST-ZIP NORTH MIAMI FL 33168	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: Melody B. Lardizabal 4-19-99 305-952-5666

X Melody Jay

CR2E034 (1/78)