

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 046 ***150.00

DOCUMENT # P98000019778
 1. Entity Name
 Aud BCD Mortgage AGES, INC.

Principal Place of Business: 6618 SW 24th St, Miami, FL 33155-1857
 Mailing Address: 6618 SW 24th St, Miami, FL 33155-1857

00056105

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0894602		Applied For	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Percyra Gonzalez R. 12301 SW 68th Ct, PINECREST, FL 33176				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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 re-registering)

1. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	18. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP		
PDT	Percyra Gonzalez R.				
	12301 SW 68th Ct				
	PINECREST, FL 33176				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP		

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 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 the 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 life empowered.

SIGNATURE: _____ DATE: 5-1-01
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Gonzalez R. PERCYRA