FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019778

80114265

1. Entity Name
A AND BCD MORTGAGES, INC.

Principal Place of Business
~~6618 SW 24TH STREET~~
~~MIAMI, FL 33155-1857~~

Mailing Address
~~6618 SW 24TH STREET~~
~~MIAMI, FL 33155-1857~~

2. Principal Place of Business: 312 MINORCA AVE
Suite, Apt. #, etc.
City & State: Coral Gables, FL
Zip: 33134 Country:

3. Mailing Address: 312 MINORCA AVE.
Suite, Apt. #, etc.
City & State: Coral Gables, FL.
Zip: 33134 Country:

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0894602 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PEREYRA, GONZALO R
~~42301 SW 59TH ST~~
~~PINE CREST, FL 33156~~

7. Name and Address of New Registered Agent
Name: GONZALO R. PEREYRA.
Street Address (P.O. Box Numbers Not Acceptable): 9301 SW 76 ST
City: MIAMI FL Zip Code: 33173

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: GONZALO R. Pereyra 4-17-03
Signature, typed or printed name of [illegible] if applicable (NOTE: Registered Agent signature required when resigning) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREYRA, GONZALO R	NAME	
STREET ADDRESS	9301 SW 76ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	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	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: GONZALO R. Pereyra 4-17-03 3056061589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #