2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P99000071392 1. Entity Name THE MORTGAGES R'US NETWORK, INC. 04-19-2001 90086 027 ***158.75 Principal Place of Business Mailing Address 913 S.W. 87TH AVENUE 913 S.W. 87TH AVENUE MIAMI FL 33174 MIAMI FL 33174 744274 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0276110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABAD, RITA Street Address (P.O. Box Number is Not Acceptable) 913 S.W. 87TH AVENUE **MIAMI FL 33174** 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 d Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Regist FILE NOW!!! FE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fe will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to epartment of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3R2E034 (10/00) D Addition Change ☐ Delete ABAD, RITA NAME STREET ADDRESS 913 S.W. 87TH AVENUE EET ADDRESS CITY-ST-ZIP -ST-ZIP **MIAMI FL 33174** ■ Addition ☐ Delete Change TITLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZÍP. . Delete ☐ Change ■ Addition TITLE LE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ΓLE ☐ Change Addition NAME N) ME S REET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME ... N/ ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GIY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empehanged, or on an attachment with an address, ke empowered. 04-12-01 305-260-9935 **SIGNATURE:** SIZNATURE AND TYPED OR PRINTED N AME OF SIGNING OFFICER OR DIRECTOR