

**.2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90012 030 \*\*\*150.00

**B0087844**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** *998000068356*  
**1. Entity Name**  
**ACTIVE COMMUNITY MORTGAGE, INC.**

**Principal Place of Business**      **Mailing Address**  
**12781 SW 42 ST. STE I**      **12781 SW 42 ST. STE I**  
**MIAMI, FL 33175**      **MIAMI, FL 33175**

**2. Principal Place of Business**      **3. Mailing Address**  
**12781 SW 42 ST**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**I**

**City & State**      **City & State**  
**MIAMI FLORIDA**  
**Zip**      **Country**      **Zip**      **Country**  
**33175**      **USA**

**4. FEI Number**      **Applied For**  
**65-- 0854745**      **Not Applicable**  
**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LORENZO PEREZ JR.**  
**2421 SW 82 PL**  
**MIAMI, FL 33155**

**7. Name and Address of New Registered Agent**  
**Name**      **JOSE E. ARCE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9020 SW 56 TE**  
**City**      **FL**      **Zip Code**  
**MIAMI**      **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.**  
**SIGNATURE** *[Signature]*      **JOSE E ARCE**      **4/28/00**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>LORENZO PEREZ JR.</b> <b>2421 SW 82 PL</b> <b>MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICEPRESIDENT</b> <b>JOSE M. CORREA</b> <b>9051 SW 156 CT</b> <b>MIAMI, FL 33196</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> <b>DAISY ARRAZCAETA</b> <b>10775 SW 31 ST</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TREASURER</b> <b>JOHANNES ARRAZCAETA</b> <b>10775 SW 31 ST</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>JOSE E. ARCE</b> <b>9020 SW 56 TE</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *[Signature]*      **LORENZO PEREZ JR**      *[Signature]*      **DAISY ARRAZCAETA**      **4/28/00**  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRZE034 (9/99)