

200- UNIFORM BUSINESS REPORT (UBR)

PS 192

DOCUMENT # *PA5000005235*

1. Entity Name
AKA MORTGAGE PROCESSING, INC.



FILED

01 JUL 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004494271--1

-07/24/01--01089--022

****308.75 ****~~158.75~~

308.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7220 NW 36th STREET #303A SAME
MIAMI, FLORIDA 33166

2. Principal Place of Business 7220 NW 36th STREET
3. Mailing Address 7220 NW 36th STREET
Suite, Apt. #, etc. 303A Suite, Apt. #, etc. 303A

City & State MIAMI, FLORIDA City & State MIAMI, FLORIDA

Zip Country 33166 MIAMI-DADE Zip Country 33166 MIAMI-DADE

4. FEI Number 65-0551066 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ALINA HENRIQUEZ
7425 COLDSTREAM DRIVE
MIAMI, FLORIDA 33015

7. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Alina Henriquez* ALINA HENRIQUEZ, PRESIDENT 06/26/01
Signature, typed or printed name of registered agent and then 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, 2001 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 ALINA HENRIQUEZ 7220 NW 36th ST., #303A MIAMI, FLORIDA 33166 <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

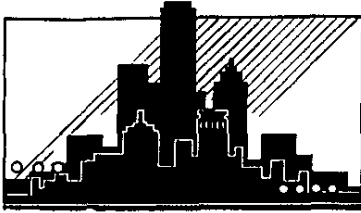
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 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 *Alina Henriquez* ALINA HENRIQUEZ, PRES. 06/26/01 (305)629-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
DH
Pg 292



A.K.A. MORTGAGE PROCESSING INC.
7220 NW 36TH ST., SUITE 303A, MIAMI, FL 33166
OFFICE (305) 629-8401 FACSIMILE (305) 261-9266

06/26/01

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Uniform Business Report

Enclosed please find our reinstatement form and a check in the amount of \$308775, we moved the office in July of last year and have never received any notices, as you will note my address as a registered agent was also incorrect. Kindly, please wave the late fees as this the first time that I had run into a problem filing our annual report.

Thank you in advance for your cooperation and understanding.

Sincerely,


Alina Henriquez
President