2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 200

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90044 034 ***150.00

DOCUMENT # P00000070549

1. Entity Name
VELARDE MORTGAGE, INC.

DO NOT WRITE IN THIS SPACE

822467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1213 PERIWINKLE WAY Suite, Apt. #, etc.	1213 PERIWINKLE WAY Suite, Apt. #, etc.	59-3662363 ☐ Applied For ☐ Not Applicable
City & State: SANIBEL, FL	City & State: SANIBEL, FL	
Zip: 33957 Country: USA	Zip: 33957 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLO VELARDE
Street Address (P.O. Box Number is Not Acceptable): 1213 PERIWINKLE WAY
City: SANIBEL FL Zip Code: 33957

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: X Carlo Velarde 1/10/02
(Signature, typed or printed name of registered agent and title if applicable) (Florida 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES. CARLO VELARDE 1213 PERIWINKLE WAY SANIBEL, FL, 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Carlo Velarde 1/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #