

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000094420

FILED
Nov 01, 2018
Secretary of State
CC7561364636

Entity Name: UPLANDER MORTGAGE LLC

Current Principal Place of Business:

975 N. MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

975 N. MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRATSIANI, GIDEON
975 N. MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162 US

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: GIDEON GRATSIANI

11/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KATZ, SHMUEL
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MGRM
Name SACKS, SHMUEL
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MGRM
Name URIEL, LEVINGER DR.
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MGRM
Name ROZNER, MOSHE
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MGRM
Name ISRAELI, EZRA
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MGRM
Name DYC GROUP LLC
Address P.O. BOX 820
City-State-Zip: HALLANDALE FL 33008

Title MANAGER
Name FITTERMAN, NEOMI
Address 975 N. MIAMI BEACH BLVD
City-State-Zip: NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIREL BEN HARROUSH

PROPERTY MANGER

11/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date