

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 035 ***158.75

DOCUMENT # 170380 **UBR** **2002**
1. Entity Name
Biscayne Mortgage Company Incorporated

DO NOT WRITE IN THIS SPACE

752166

2. Principal Place of Business **3. Mailing Address**
10 Pinta Rd. Miami, FL 33133 10 Pinta Rd., Miami, FL 33133
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0027274	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33133	Country Miami-Dade	Zip 33133	Country MIami-Dade	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Medvin, Philip
Street Address (P.O. Box Number is Not Acceptable)
10 Pinta Rd.
City Miami **FL** **Zip Code** 33133

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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Medvin, Philip 10 Pinta Rd. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Medvin, Iris 10 Pinta Rd. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Medvin, Abraham 5794 S.W. 33 Street Miami, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Medvin, Joshua D. 1779 Micanopy Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP MEDVIN

3-12-2002 305-448-3302
Date Daytime Phone #

CR2E034B (12/01)