2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # 227148** PERRINE MORTGAGE COMPANY, INC. 04-14-2000 90131 034 ***150.00 Principal Place of Business Mailing Address 11355 S. DIXIE HWY ONE LINCOLN RD. BLDG. SUITE 208 BLDG. SUITE 208 MIAMI FL 33156-4442 MIAMI BEACH FL 33139 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2838751 Not Applicable mlaml \$8.75 Additional 5. Certificate of Status Desired 15(Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TENDRICH, HOWARD J. Street Address (P.O. Box Number is Not Acceptable) 11355 S. DIXIE HWY. MIAMI BEACH, FL MIAMI FL 33156 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition VΡ TITLE Delete TITLE TENDRICH, HOWARD J NAME NAME STREET ADDRESS 16500 S.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Change Addition TITLE ☐ Delete TITLE NAME TENDRICH, SAM NAME 1401 DEVONShine Upy Palm Beach Gassens STREET ADDRESS 13953 KENDALE LAKE CIR STREET ADDRESS - **3**3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33418 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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