## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **435349** 1. Entity Name UNIVERSAL AMERICAN MORTGAGE COMPANY 01-20-2000 90131 041 \*\*\*150.00 Principal Place of Business Mailing Address 700 NW 107 AVENUE 700 NW 107 AVENUE **MIAMI FL 33172** MIAMI FL 33172-3161 C0007960 2. Principal Place of Business 3: Mailing Address 730 NW 107 Avenue 130 NW107 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE surte 400 sute 460 Applied For City & State City & State 4. FEI Number 59-1494026 FI MIAMI IMAIL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired A ZiJ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCAIN, DAVID B ESQ. Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AVENUE 4TH FLOOR **MIAMI FL 33172** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete IRVINE, PATRICIA NAME NAME 700 NW 107TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Addition TITLE Delete TITLE HODIST, DEBRA MODIST, DEBRA 780 NW 107 AwnuE NAME NAME 700 NW 107TH AVE STREET ADDRESS STREET ADDRESS Mami FL 33172 CITY-ST-7IP CITY-ST-ZIP MIAM! FL 33172 D۷ TITLE ☐ Delete TITLE ☐ Change ☐ Addition REED, LINDA NAME NAME STREET ADDRESS 700 NW 107TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MUNOZ, JANICE NAME NAME STREET ADDRESS 700 NW 107TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Defete Addition KAMINSKY, NANCY NAME 700 NW 107TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 DPC TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEKOR, ALLAN J. NAME NAME STREET ADDRESS 700 NW 107TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 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

3. 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 supplied ental 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 of 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 extachment with an address, with all other like empowered.

CICALATLIDE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Socretary

00 (305)229-651