FILED 2001 UNIFORM BUSINESS REPORT (UBR) 5/4 Jun 04, 2001 8:00 am DOCUMENT # 628646 **Secretary of State** 1. Entity Name ALL DADE MORTGAGE CORPORATION 05-02-2001 90176 037 ***150.00 Principal Place of Business 2012 Hollywood Blvd. Hollywood, Fl. 33020 Mailing Address Suite C P. O. Box 7 Hallandale, Fl. 47953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. 59-1923653 City & State Applied For Not Applicable Zip Country Zip Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James Morano Street Address (P.O. Box Nextber is Not Acceptable) P. O. Box 7 Hallandale, Fl. 33008 Zip Code 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Received Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE 2012 Hollywood Blod., Suite C NAME NAME James Morano STREET ADORESS STREET ADDRESS P. O. Box Hallandale, F1. 33008 CITY-ST-ZIP CITY-ST-218 ☐ Change TITLE ☐ Dalete TITLE Stella Morano P. O. Box 7 ., Suite C NAME NAME STREET ADDRESS STREET ADDRESS Hallandale, Fl. 33008 wood 71.33020 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition me NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP C Oclete THEF □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TÜLE ☐ Change Addition 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 12 if changed, or on an attachment with an address, with all other like empowered. of.954-927-9177 cell.305-785-6959 ramo SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #