## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an apdress With

i other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **F96000003768** Feb 24, 2000 8:00 am **Secretary of State** NUMAX MORTGAGE CORPORATION 02-24-2000 90051 048 \*\*\*150.00 Principal Place of Business Mailing Address 20010 CENTURY BOULEVARD, 4TH FLOOR 20010 CENTURY BOULEVARD. 4TH FLOOR **GERMANTOWN MD 20874-1115** GERMANTOWN MD 20874 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIRAGE, ELAINE Street Address (P.O. Box Number is Not Acceptable) 2211 HAMPHIRE CT SAFETY HARBOR FL 34695 Zip Code City FL 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 10. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE KASPI, SOLOMON NAME NAME STREET ADDRESS 19904 GATESHEAD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GERMANTOWN MD 20876** Change ☐ Addition ☐ Delete TITLE Christine Muyen 10105 watts Mine Lane NUYEN, CHRISTINE C NAME NAME STREET ADDRESS STREET ADDRESS 13734 VALLEY OAK CIRCLE Potomac, MB 20854 CITY-ST-7IP **ROCKVILLE MD 20850** CITY-ST-ZIP 2 Change ☐ Addition TITLE □ Delete TITLE Carlos Saent 14921 Berrybille Ra SAENZ, CARLOS. NAME MANAE STREET ADDRESS 19734 SELBY AVE STREET ADDRESS Darnestown, MD 20874 CITY-ST-7IP CITY-ST-7IP POOLESVILLE MD 20837 Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in 13. I hereby certify that the information supplied

1 or Block 12 if