

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003975

1. Entity Name

EFC MORTGAGE CORPORATION

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90027 046 ***550.00

Principal Place of Business

23171 LA CADENA DR., STE 301
LAGUNA HILLS CA 92653

Mailing Address

23171 LA CADENA DR., STE 301
LAGUNA HILLS CA 92653

2. Principal Place of Business

22471 Aspan Street, Ste 208

3. Mailing Address

22471 Aspan Street

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

Lake Forest, CA

City & State

Lake Forest, CA

4. FEI Number

33-0126104

Applied For

Not Applicable

Zip

92630

Country

USA

Zip

92630

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASTIDAS, FERNANDO

15130 SW 51ST

MIRAMAR FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME EUZARRAGA, DAVID H
STREET ADDRESS 23171 LA CADENA DR., STE 301
CITY-ST-ZIP LAGUNA HILLS CA ☐ Delete

TITLE PCD ☒ Change ☐ Addition
NAME Enzarraga, David
STREET ADDRESS 22471 Aspan Street, Ste 208
CITY-ST-ZIP Lake Forest, CA 92630

TITLE S ☒ Delete
NAME JONES, GAYLENE D
STREET ADDRESS 23171 LA CADENA DR., STE 301
CITY-ST-ZIP LAGUNA HILLS CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME OSORIO, MARIA L
STREET ADDRESS 23171 LA CADENA DR., STE 301
CITY-ST-ZIP LAGUNA HILLS CA

TITLE T ☒ Change ☐ Addition
NAME Osorio, Maria
STREET ADDRESS 22471 Aspan Street, Ste 208
CITY-ST-ZIP Lake Forest, CA 92630

TITLE V ☐ Delete
NAME BASTIDAS, FERNANDO
STREET ADDRESS 15130 SW 51ST
CITY-ST-ZIP MIRAMAR FL

TITLE V ☒ Change ☐ Addition
NAME Bastidas, Fernando
STREET ADDRESS 1790 W. 49th St., Ste 203
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/00

(949)

770-1803
Daytime Phone #

CR2E034 (5/00)