

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90765 046 \*\*\*150.00

**DOCUMENT # G71271**

1. Entity Name

**CONTINENTAL MORTGAGE ADVISORS, CORP.**



Principal Place of Business

**8730 SW 9 TERR.  
MIAMI FL 33174  
US**

Mailing Address

**8720 SW 9 TERR.  
MIAMI FL 33174  
US**

2. Principal Place of Business

**9600 NW 38th Street**

3. Mailing Address

**9600 NW 38th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33178**

Country

**USA**

Zip

**33178**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2418301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MONZON, PEDRO J  
14790 SW 43 WAY  
MIAMI FL 33185**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MONZON, PEDRO J**  
STREET ADDRESS **14790 SW 43 WAY**  
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **VP** ☐ Delete  
NAME **LEYVE, RAUL**  
STREET ADDRESS **13344 SW 1ST TERRACE**  
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **CST** ☐ Delete  
NAME **DACCS, PORENDO**  
STREET ADDRESS **15634 NW 12TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VP** ☐ Delete  
NAME **RODRIGUEZ, MIGUEL**  
STREET ADDRESS **300 SW 48TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VP** ☐ Delete  
NAME **DOMELLO, GEORGE**  
STREET ADDRESS **9906 SW VENTURA DRIVE**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P** ☐ Delete  
NAME **HERNANDEZ-FUMERO, MARIO**  
STREET ADDRESS **7525 SW 72ND COURT**  
CITY-ST-ZIP **MIAMI FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME **Raul Leyva**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **BRENDA JACAS**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME **George Demello**  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03 788-845 3900**

Date

Daytime Phone #

CR2E034 (10/02)