

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35560

1. Entity Name

CONTINENTAL TRUST MORTGAGE CORPORATION

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90009 032 ***150.00

Principal Place of Business

1321 S.W. 107 AVENUE
SUITE 203A
MIAMI FL 33174

Mailing Address

1321 S.W. 107 AVENUE
SUITE 203A
MIAMI FL 33174-2524

2. Principal Place of Business

8550 NW 33 STREET

3. Mailing Address

8550 NW 33 STREET

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

59-2478247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAMAS, ALEJANDRA
1321 SW 107 AVE
SUITE 203-A
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name **LAMAS, ALEJANDRA**

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

8550 NW 33 STREET

SUITE 101

City
MIAMI

FL

Zip Code
33122

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

3-13-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE ☐ Delete
NAME **P LAMAS, ALEJANDRA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE #203A**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME **V BRIMO, VICTORIA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE #203A**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME **D LAMAS DE SHOJAE, MARIA**
STREET ADDRESS **7111 LAGO DRIVE EAST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Delete
NAME **V ARENCIBIA, THERESA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE 203A**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME **D LAMAS, JOSE ANTONIO**
STREET ADDRESS **336 COSTA BRACA CT**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME **D FLINN, DAVID**
STREET ADDRESS **2333 BRICKELL AVE., #907**
CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-00

305-220-8100