

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K21153****1. Entity Name**  
**FEDERATED MORTGAGE CORP.****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90098 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
7220 NW 36 ST  
#410  
MIAMI FL 33166  
US**Mailing Address**  
7220 NW 36 ST  
#410  
MIAMI FL 33166  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 65-0043874

Applied For

Not Applicable

Zip Country Zip Country

**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**MONTES DE OCA, MANUEL  
7220 NW 36 ST #410  
MIAMI FL 33166

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PS  
NAME MONTES DE OCA, MANUEL I.  
STREET ADDRESS 7220 NW 36 ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ DeleteTITLE PS  
NAME 13325 S.W. 1ST TERM  
STREET ADDRESS MIAMI FL 33184  
CITY-ST-ZIP MIAMI FL 33184 ☒ Change ☐ AdditionTITLE VPT  
NAME MONTES DE OCA, ROSA P.  
STREET ADDRESS 7220 NW 36 ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ DeleteTITLE VPT  
NAME 13325 S.W. 1ST TERM  
STREET ADDRESS MIAMI FL 33184  
CITY-ST-ZIP MIAMI FL 33184 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition**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: MANUEL I MONTES DE OCA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01

Date

305 990 755

Daytime Phone #

CR2E034 (10/00)