

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55879

1. Entity Name

UNIMORTGAGE & INVESTMENT CORPORATION

Principal Place of Business

7875 BIRD RD
STE 215
MIAMI FL 33155
US

Mailing Address

7875 BIRD RD
STE 215
MIAMI FL 33155
US

2. Principal Place of Business

9401 SW 68 ST

Suite, Apt. #, etc.

Miami FL

City & State

FL 3

Zip

33173

Country

Dade

3. Mailing Address

236 N. Krome AVE

Suite, Apt. #, etc.

Homestead FL

City & State

Homestead FL

Zip

33030

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0090890

Applied For

Not Applicable

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

RIVAS, J. EDUARDO
1630 S W 98TH AVE
SUITE #505
MIAMI FL 33165

Name

Rivas, J. Eduardo

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

236 N. Krome AVE

City

Homestead

FL

Zip Code

33030

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
RIVAS, J. EDUARDO
1630 S W 98TH AVE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
RIVAS, MARITZA V.
1630 S W 98TH AVE
MIAMI FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/01 (305) 246-1888

CR2E034 (10/00)