

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # K61256

1. Entity Name

GREAT LAKES MORTGAGE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 S.W. 87TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

1005 S.W. 87TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL. 33174

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MIAMI, FL. 33174

4. FEI Number
65-0099623

Applied For
Not Applicable

Zip
33174

Country
USA

Zip
33174

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ELAINE JIMENEZ

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

1005 S.W. 87TH AVE.

City
MIAMI

FL

Zip Code
33174

**DO NOT WRITE
IN THIS SPACE**

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.

ELAINE JIMENEZ-PRESIDENT

6/4/02

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

XX

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JIMENEZ, ELAINE
1005 S.W. 87TH AVE.
MIAMI, FL. 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JIMENEZ, FRANK D
1005 S.W. 87TH AVE.
MIAMI, FL. 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE JIMENEZ-PRESIDENT

6/4/02

Date

305-266-0575

Daytime Phone #