2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am Secretary of State **DOCUMENT # K74271** 1. Entity Name THE REAL ESTATE & MORTGAGE GROUP, INC. 05-14-2001 90043 009 ***150.00 Principal Place of Business Mailing Address 3550 BISGAYNE BLVD 3550 BISCAYNE BLVD SLITE_601_ SUITE ROT MIAML FL 33137 MIAMI FL 33137 3. Mailing Address 2. Principal Place of Business NW 36 '805 E 80<u>5(</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 600 City & State 4. FEI Number Applied For City & State 65-0209440 MIAMIC Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33166 MIAMI DADY Fee Required MIAMI DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW, IAN 3550 BISCAYNE-BLVD. SUFFE-601-MIAMI FL 33137 Zip Code 33166 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete LAW, IAN R. NAME 8051 NW 36 TL ST # 600 STREET ADDRESS 3550 BISCYANE BLVD STE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition VDS ☐ Delete TITLE TITLE LAW, GRACIELA B. NAME NAME NW 36 7 ST +600 3550 BISCYNE BLVD STE 601 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMLEL. Delete Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 adjress, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR D

April 27 2001

365-468-1560

Daytime Phone #