

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90076 043 *****55.00

DOCUMENT # L01000018111

1. Entity Name

BLUE DOLPHIN MORTGAGE LENDING, LLC

Principal Place of Business

**672 NORTH SEMORAN BLVD., STE. 202
ORLANDO FL 32807**

Mailing Address

**672 NORTH SEMORAN BLVD., STE. 202
ORLANDO FL 32807**

2. Principal Place of Business

672 N Semoran Blvd

3. Mailing Address

Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Above

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32807

Orange

4. FEI Number

59-3750764

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SANTIAGO, MARIA N
672 NORTH SEMORAN BLVD., STE. 202
ORLANDO FL 32807** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DORSEY, HAYDEE
672 NORTH SEMORAN BLVD., STE. 202
ORLANDO FL 32807** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Maria P. Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/02 407 384 - 0044

CR2E083 (9/01)