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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90063 003 ***150.00

DOCUMENT # L02000010424

1. Entity Name
ist. INTERSTATE MORTGAGE, LLC
85 SE 4th AVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

10102648

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2. Principal Place of Business	3. Mailing Address
85 SE 4th AVE	
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State
Zip: 33483 Country: PALM BEACH	Zip Country

4. FEI Number: 61-1412626 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: OSCAR DIAZ

Street Address (P.O. Box Number is Not Acceptable):
85 SE 4th AVE SUITE 102

City: DELRAY BEACH FL Zip Code: 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MEMBER MANAGER
NAME	OSCAR DIAZ
STREET ADDRESS	6857 ASTON ST
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	MEMBER MANAGER
NAME	ALEX GARCIA
STREET ADDRESS	22176 BRADDOCK PL
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #