

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-20-2003 90022 019 ****50.00

DOCUMENT # L02000030995

1. Entity Name

MORTGAGE LEAR GROUP LLC



Principal Place of Business

Mailing Address

1581 BRICKELL AV
1007
MIAMI FL 33129
US

1581 BRICKELL AV
1007
MIAMI FL 33129
US

2. Principal Place of Business

1110 BRICKELL AVE

3. Mailing Address

Suite, Apt. #, etc.

818

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip
33131

Country
USA

Zip

Country

4. FEI Number

051162439

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FAERMAN, WALTER J SR
1581 BRICKELL AV
1007
MIAMI FL 33129

7. Name and Address of New Registered Agent

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

SIGNATURE

Walter Faerman Principal

(NOTE: Registered Agent signature required when reinstating)

DATE

2 18 03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **OWNER PRINCIPAL**
NAME **WALTER J. FAERMAN**
STREET ADDRESS **1581 BRICKELL AV # 1007**
CITY-ST-ZIP **MIAMI FL 33129**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
NAME
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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2 18 03

Date

Daytime Phone #

786 402 6600

CR2E083 (10/02)