

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90087 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L64337**

1. Entity Name
EUROMORTGAGE, INC.

Principal Place of Business
1901 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

Mailing Address
1901 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

- 17349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0247969**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUYOL, MIGUEL
1901 PONCE DE LEON
CORAL GABLES FL 33134

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	THERIAGA, JOSEPH						
	1901 PONCE DE LEON BLVD.						
	CORAL GABLES FL						
	SVP						
	HODGES, PEG						
	1901 PONCE DE LEON BLVD						
	CORAL GABLES FL 33134						
	CFO						
	TRUYOL, MIGUEL						
	1901 PONCE DE LEON BLVD						
	CORAL GABLES FL 33134						

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)